

STANDARD CERTIFICATE OF DEATH

6797

FILED MAR 4 - 1953

State File No.

REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHRELDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u> <u>1029</u>	
c. LENGTH OF STAY (If in this place) <u>1 hr</u>		d. STREET ADDRESS (If rural, give location) <u>S. HELDY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAMARITAN HOSP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>BENNETT</u> c. (Last) <u>HUGHES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 10, 1912</u>
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>CHARLES STEPHEN HUGHES</u>		13b. MOTHER'S MAIDEN NAME <u>SIDNEY ELIZABETH SHOENAKER</u>	
14. NAME OF HUSBAND OR WIFE <u>LOLLA HUGHES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert Hughes Clarence Mo</u>		ADDRESS <u>Clarence Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 29, 1952</u> , to <u>Feb 13, 1953</u> , that I last saw the deceased alive on <u>13 Feb, 1953</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward M. Johnson M.D.</u>		23b. ADDRESS <u>Macon, Mo</u>	
23c. DATE SIGNED <u>16 Feb 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-17-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HAGERS GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HAGERS GROVE MO</u>	
DATE REC'D BY LOCAL REG. <u>2/16/53</u>		REGISTRAR'S SIGNATURE <u>Auth Mcneely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Sherry</u>		ADDRESS <u>Clarence Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

66110

RECEIVED 2-24-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-58-35
Date Filed 2-26-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles V. Greening

Signed.....

Student Embalmer

Licensed Embalmer No. 4625

P. O. Address *Clarence Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.