

S. No. 300
V. 10.48

FILED APR 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11101

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

BIRTH NO. _____		REG. DIST. NO. 311		PRIMARY REG. DIST. NO. 2055		Registrar's No. 13		
1. PLACE OF DEATH a. COUNTY <i>St. Clair</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Clair</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Taber Township</i>		c. LENGTH OF STAY (In this place) <i>4 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Taber Township</i>		d. STREET ADDRESS (If rural, give location) <i>0930</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <i>Wendell</i>	b. (Middle) <i>Clair</i>	c. (Last) <i>Hough</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>April 5 1953</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>March 18, 1929</i>		
9. AGE (In years last birthday) <i>24 yrs</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farm</i>		11. BIRTHPLACE (State or foreign country) <i>Pleasant Hill, Missouri</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Henry Franklin Hough</i>		13b. MOTHER'S MAIDEN NAME <i>Sylvia Mae Ridgeway</i>		14. NAME OF HUSBAND OR WIFE <i>Kathryn Hough</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>725-14-7576</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Kathryn Hough Roskville, Mo.</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized carcinomatosis</i> ANTECEDENT CAUSES <i>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma - primary in pleura.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i> <i>6-8 mo.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Inoperable carcinoma left pleura</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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 <i>9-17</i> , 19 <i>52</i> , to <i>4-5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-4</i> , 19 <i>53</i> , and that death occurred at <i>12:15 p m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>R. G. Dickman M.D.</i>				23b. ADDRESS <i>Appleton City, Mo</i>		23c. DATE SIGNED <i>4/8/53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 8, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Clair, Co. Mo.</i>		
DATE REC'D BY LOCAL REG. <i>April 8, 1953</i>		REGISTRAR'S SIGNATURE <i>Chas Abner 285-0</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lewis + Son</i>		ADDRESS <i>Schell City, Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

Marion M. Lewis

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.