

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13205

State File No.

FILED APR 21 1953

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City	
c. LENGTH OF STAY (in this place) 11 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) **ROLLIN JOSEPH HUGHES**

a. (First) **ROLLIN** b. (Middle) **JOSEPH** c. (Last) **HUGHES**

4. DATE OF DEATH **April 12, 1953**
(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1873	9. AGE (In years, months, days) 79	IF UNDER 1 YEAR 7 Months 13 Days	IF UNDER 24 HRS. 0 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Taney Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME **Stark W. Hughes**

13b. MOTHER'S MAIDEN NAME **Mary E. Hull**

14. NAME OF HUSBAND OR WIFE **Blanche R. Hughes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **---**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Blanche R. Hughes** ADDRESS **Golden City, Mo.**

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.*

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **coronary occlusion**

ANTECEDENT CAUSES **arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **5 yrs**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May, 1950, to April 11, 1953, that I last saw the deceased alive on April 4, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Radulph Kuepp M.D.**

23b. ADDRESS **Galilee City, Mo.**

23c. DATE SIGNED **4/13/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 15, 1953**

24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. Cemetery**

24d. LOCATION (City, town, or county) (State) **Golden City, Mo.**

DATE REC'D BY LOCAL REG. **April 13/53**

REGISTRAR'S SIGNATURE **Hazel St. Pugh**

25. FUNERAL DIRECTOR'S SIGNATURE **Phillips Funeral Home** ADDRESS **Golden City, Mo.**

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. H. Pugh

Licensed Embalmer No. *3278*

P. O. Address *Golden 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.