

FILED JUN 1-1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17836

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>HENRY</u> <u>0420</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WINDSOR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FORTUNA</u> <u>0680</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>WINDSOR-HOSP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GEORGE ALBERT HUGHENS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>HUGHENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-25-1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT-20-1877</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>CHRISTOPHER-HUGHENS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA-BONNER</u>		14. NAME OF HUSBAND OR WIFE <u>NORMAN-HUGHENS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hughens, Windsor, Mo</u> ADDRESS _____	

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>uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> 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 <u>28 hrs</u> <u>?</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>592X</u>	
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 <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 5-23, 1953, to 5-25, 1953, that I last saw the deceased alive on 5-25, 1953, and that death occurred at 2 A m.; from the causes and on the date stated above.

23a. SIGNATURE <u>Reuben Jordan MD</u> (Degree or title)		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>5-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SYRACUSE-LEM</u>	
24d. LOCATION (City, town, or county) (State) <u>SYRACUSE, MO</u>					

DATE REC'D BY LOCAL REG. <u>May-27-53</u>		REGISTRAR'S SIGNATURE <u>Lorence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. Richard Tipton</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1968

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signature Jewell E. Richard
Licensed Embalmer No. 2466
P. O. Address TIPTON 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.