

FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24881  
3480

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>42 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		<b>3888</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6425 South Benton</b>				d. STREET ADDRESS (If rural, give location) <b>6425 South Benton</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Michael</b>		b. (Middle) <b>L.</b>		c. (Last) <b>HUGHES</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>11</b>		(Year) <b>1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>8-15-79</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Bldg. Eng.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Curtiss Estate</b>		11. BIRTHPLACE (State or foreign country) <b>Camden, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>James Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hastings</b>		14. NAME OF HUSBAND OR WIFE <b>Anna B. Hughes</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-05-6505-A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna B. Hughes, 6425 S. Benton</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>				<b>years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>332X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Mar. 16</u> , 1953, to <u>July 11</u> , 1953, that I last saw the deceased alive on <u>July 11</u> , 1953, and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. A. Slentz</b> <i>W. A. Slentz</i>				23b. ADDRESS <b>Kansas City, Mo.</b> <i>315 Nichols Rd.</i>		23c. DATE SIGNED <b>7-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-13-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Bylar, Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

100-1533  
W. L. R. 11:30 AM Mon

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 \_\_\_\_\_

*Irvin R. Arnold*

working under my personal supervision.

Student Embalmer No. 460

Signed *Irvin R. Arnold*  
Student Embalmer

Signed *Glen E. Necks*

Licensed Embalmer No. 4063

P. O. Address K. E. 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.