

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33441

State, File No.

FILED OCT 15 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8779

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ?St. Louis			c. LENGTH OF STAY (in this place)			c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital				e. STREET ADDRESS (If rural, give location) 121 5017 Delmar ave				2129 0									
3. NAME OF DECEASED (Type or Print) Clarence			a. (First)		b. (Middle)		c. (Last) Hughes		4. DATE OF DEATH (Month) (Day) (Year) 9-9-53								
5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 10-15-1904		9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months		11. UNDER 4 HRS. Days		12. UNDER 4 HRS. Hours		13. UNDER 4 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baker				10b. KIND OF BUSINESS OR INDUSTRY bakery				11. BIRTHPLACE (City and State or Foreign Country) Iowa				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Henry Hughes				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE unknown									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. unknown				17. INFORMANT'S SIGNATURE OR NAME Hospital Records,				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH					
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) 420.1									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p.m., from the causes and on the date stated above.																	
23a. SIGNATURE <i>Edy L...</i>						23b. ADDRESS 1200 Clark C						23c. DATE SIGNED 9/14/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) removal				24b. DATE 9-11-53				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Maryville, Mo.					
DATE REC'D BY LOCAL REG. SEP 10 1953				REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>				25. FUNERAL DIRECTOR'S SIGNATURE Atchinson F.H., Maryville, Mo				ADDRESS					

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

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.....
Signature of Student Embalmer

Signed.....
John Beal

Licensed Embalmer No. *1234*
P. O. Address *John Beal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.