

FILED DEC 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 38832

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1086

390

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

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY B Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural N. Campbell | | c. CITY OR TOWN Rural N. Campbell | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | e. STREET ADDRESS (If rural, give location) Springfield RFD#10 0390 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield RFD#10 | | | |

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| 3. NAME OF DECEASED (Type or Print) JESSIE RAY HUGHES | | | 4. DATE OF DEATH (Month) (Day) (Year) December 5 1953 | | |
| a. (First) | | b. (Middle) | c. (Last) | | |

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|----------------------|-------------------------------|---|------------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2 May 1892 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIA. Mins. |
|----------------------|-------------------------------|---|------------------------------------|---|------------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY In Home | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Thomas G. Bohannon | | 13b. MOTHER'S MAIDEN NAME Mary E. Hillhouse | | 14. NAME OF HUSBAND OR WIFE Lloyd Hughes | |
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| 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. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Hughes RFD#10 Spgfd. Mo. | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | 10 years | |

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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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 Springfield, Greene, Mo. | |
| 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 **Feb**, 19**47**, to **Dec. 5**, 19**53**; that I last saw the deceased alive on **Dec. 5, 1953**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. P. Sibley M.D. | | 23b. ADDRESS 609 Cherry St. | | 23c. DATE SIGNED Dec 7, 53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-8-53 | | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Mo. | |
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| DATE REC'D BY LOCAL REG. 12-7-53 | | REGISTRAR'S SIGNATURE Frank Williams | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo. | |
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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.....
Signature of Student Embalmer

Signed *May Phodex*
Licensed Embalmer No. *49*
P. O. Address *Springfield*

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.

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