

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1367

State File No.

241

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City, Mo.	c. LENGTH OF STAY (in this place) 1 yr	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1		e. STREET ADDRESS (If rural, give location) 1207 Olive St. 3258	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) M.	c. (Last) Hughes	4. DATE OF DEATH (Month) (Day) (Year) 1 - 15 - 54		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 25, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lock & gunsmith	10b. KIND OF BUSINESS OR INDUSTRY ENGINES Pratt & Whitney	11. BIRTHPLACE (City and State or foreign Country) Slater, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME C. Hughes	13b. MOTHER'S MAIDEN NAME Martha Jane Nelson	14. NAME OF HUSBAND OR WIFE Nine B. 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 none	16. SOCIAL SECURITY NO. 499-10-2244	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina B. Hughes, Kansas City, Mo.	ADDRESS Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary fibrosis & emphysema & confluent broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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.		5257

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-15, 1954 to 1-15, 1954, that I last saw the deceased alive on 1-15, 1954, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) <i>B.I. Burns M.D.</i>	23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED 1-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/18/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE Seraldine Smith	FUNERAL DIRECTOR'S SIGNATURE Geo. Carlson	ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Embalmed

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 *Walter C. Carson*.....

Licensed Embalmer No. *412*.....

P. O. Address *Indep*.....

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.