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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1832

State File No. .....

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. ~~4204~~ 5605 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster (Rural Wash)
c. LENGTH OF STAY (In this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster, Rural Washington Twp
d. STREET ADDRESS (If rural, give location): 0510 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rella
b. (Middle): W.
c. (Last): Hughes

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1879
9. AGE (In years last birthday): 74
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Williamsport, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Walston
13b. MOTHER'S MAIDEN NAME: Jane Cox
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Roy Lee Hughes, Knob Noster, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma / Left Breast — Interval between onset and death: 6 yrs

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. Chr Vascular Disease

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 170X
20. AUTOPSY? YES ☐ NO ☒

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): Knob Noster, Johnson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Jan 15, 1954, *to* Jan 29, 1954 *that I last saw the deceased alive on* Jan 29, 1954, *and that death occurred at* 9:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. W. Crowe MD
23b. ADDRESS: Knob Noster, Mo
23c. DATE SIGNED: Jan 30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1954
24c. NAME OF CEMETERY OR CREMATORY: Knob Noster Cemetery
24d. LOCATION (City, town, or county) (State): Knob Noster, Missouri

DATE REC'D BY LOCAL REG.: Jan 30-54
REGISTRAR'S SIGNATURE: Erma L. Beatty
149-51
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: W. Raymond Baker, Knob Noster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 1 1954
JOHNSON COUNTY HEALTH DEPT.

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 .....
Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.