

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4317

State File No.

FILED MAR 1 1954

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Linden, Mo. - Gallatin Twp.</u>)		c. LENGTH OF STAY (In this place) <u>1-1/2</u>	c. CITY OR TOWN <u>Kansas City</u>		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 <u>R. R. # 12</u>			e. STREET ADDRESS (If rural, give location) <u>R. R. # 12</u>		
3. NAME OF DECEASED (Type or Print) / a. (First) <u>John</u>		b. (Middle) <u>W.</u>	c. (Last) <u>HUGHES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-21-1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of last year, or if retired) <u>Steamfitter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>John J. Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Burnett</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>493-22-7358</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Delphine Hughes 5000 Oak K. C. Mo.</u>		
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) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cor pulmonale</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> <u>5 yr.</u> <u>5 yr.</u>
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) (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 <u>Jan</u> 19 <u>53</u> , to <u>Feb. 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>54</u> and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Walter S. Washburn MD</u> (Degree or title)		23b. ADDRESS <u>Gashland, Mo</u>		23c. DATE SIGNED <u>2/22/54</u>	
24a. BURIAL, CREMATION, OR DISPOSAL <u>Removal & Burial</u>	24b. DATE <u>2-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-22-54</u>	REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>	ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *James Haepleman*.....

Licensed Embalmer No. *457*.....

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