

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4888

FILED MAR 15 1954

State File No. 789
Registrar's No. 789

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DAWN</u>	
c. LENGTH OF STAY (In this place) <u>6 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>OS-90</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVANS</u> b. (Middle) _____ c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 20 54</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/28/93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David E. Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret E. Herbert</u>	14. NAME OF HUSBAND OR WIFE <u>NELLIE HUGHES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>500-36-4931</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Hughes Dawn, Mo.</u> ADDRESS <u>St. Lukes Hospital</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RECENT MYOCARDIAL INFARCTION AT APEX OF LEFT VENTRICLE.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 2-20, 1954 to 2-20, 1954, that I last saw the deceased alive on 2-20, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand, Kansas City</u>	23c. DATE SIGNED <u>2-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>3/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chillicothe Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Newcomer Sons</u> ADDRESS <u>Kansas City</u>	
DATE REC'D BY LOCAL REG. <u>2-20-54</u>	REGISTRAR'S SIGNATURE <u>Maeldine Smith</u>	

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

W 3.22.48

1954

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 *Rollie Kessel*

Licensed Embalmer No. 4690

P. O. Address K. C. 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.