

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

95433

State File No.

BIRTHED <u>FILED</u> <u>APR 14 1954</u>		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>4394</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY OR TOWN <u>Bakersfield</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>Home-Bakersfield</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>Tram</u>		c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1954</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>3-21-1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. SEX <u>Male</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gamaliel, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>John Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Kibbie</u>	
13c. NAME OF HUSBAND OR WIFE <u>Allie Hughes</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Allie Hughes- Bakersfield, Missouri</u>		ADDRESS		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Infarction</u> DUE TO (c) <u>Chronic arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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) (Minute)		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>Feb. 1947</u> , to <u>Mar. 26, 1954</u> , that I last saw the deceased alive on <u>Mar. 26, 1954</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>D. R. Lauer</u>		23b. ADDRESS <u>Bakersfield, Mo.</u>	
23c. DATE SIGNED <u>4-5-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gamaliel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gamaliel, Arkansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Foster - Mt. Home, Ark.</u>		ADDRESS		DATE REC'D BY LOCAL REG. <u>4-9-54</u>	
REGISTRAR'S SIGNATURE <u>John Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		DATE REC'D BY LOCAL REG.	

(Licensed Embalmer's Statement for 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

Wayne N. Foster

Licensed Embalmer No. *105*

P. O. Address *Mt. Home*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.