

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12589**

No. 300
10.48

FILED MAY 3 1954 REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **379**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin,	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Thomas c. (Last) Hughes			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 30, 1902		9. AGE (In years last birthday) 51 Months 9 Days 21 Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and State or Foreign Country) Bucklin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bernhard J. Hughes		13b. MOTHER'S MAIDEN NAME Flora Lunday		14. NAME OF HUSBAND OR WIFE Josie M. Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josie M. Hughes, Bucklin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Large cell undifferentiated carcinoma, grade 4 of left lung.</i>			INTERVAL BETWEEN ONSET AND DEATH 3/1/53
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 163 X		
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?		

22. I hereby certify that I attended the deceased from 3/31/54, 1954, to 4/21, 1954, that I last saw the deceased alive on 4/21, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. L. Greear M.D.</i>		23b. ADDRESS <i>Brookfield, Mo.</i>		23c. DATE SIGNED <i>4/22/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 24, 1954		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
		24d. LOCATION (City, town, or county) (State) Bucklin, Missouri			

DATE REC'D BY LOCAL RES. <i>Apr 24, 1954</i>		REGISTRAR'S SIGNATURE <i>Nadine Stambach Reg</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Larson Funeral Service, Bucklin, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0582

0580

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 _____

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.