

No. 300
10.48

FILED MAY 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12601

State File No. _____

Registrar's No. 90

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039

1. PLACE OF DEATH a. COUNTY <u>Lin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mabelle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Cambria, Mo. 64618</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 MILES N.E. NEW CAMBRIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>JANE</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 25 1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>DEC 1, 1866</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>FREDONIA NEW YORK</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>GEORGE TARR</u>			13b. MOTHER'S MAIDEN NAME <u>ANN BURNELL</u>			14. NAME OF HUSBAND OR WIFE <u>H.W. HUGHES</u>		
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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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MILDRED McCULLY MENDOTA ILL.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis, Progressive</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>							
		DUE TO (c) <u>Uremia - NPH 85/92</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 <u>332 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 4-25, 1954, to 4-26, 1954, that I last saw the deceased alive on 4-26, 1954, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>W. J. Sumner M.D.</u>		23b. ADDRESS <u>Mabelle, Mo. 64618</u>		23c. DATE SIGNED <u>4-27-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW CAMBRIA CEMETERY NEW CAMBRIA MO</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>4-28-54</u>		REGISTRAR'S SIGNATURE <u>M. J. Riegan</u>		401		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. P. Hillbrand New Cambria Mo</u>	
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(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
Student Embalmer

Signed H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.