

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16308**

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 192

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

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Blue</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>502 Crescent</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Residence, 502 Crescent</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>Mae</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1954</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 8, 1905</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR: Months _____ Days _____
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>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Una Vista, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank McGath</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Ray F. Hughes</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray F. Hughes, Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
		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 <u>153X</u>		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)		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 Jan, 1950, to May, 1954, that I last saw the deceased alive on April, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred W. Smith M.D.</u>		23b. ADDRESS <u>10229 July Ave KC-Mo</u>		23c. DATE SIGNED <u>5/14/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown, Ind.</u>		24d. LOCATION (City, town, or county) (State) <u>Decatur, Ind.</u>	
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DATE REC'D BY LOCAL REG. <u>5-17-54</u>		REGISTRAR'S SIGNATURE <u>James A. Craig</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	
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MS MAR 5 1962

JUN 23 1954

JUN 23 1954

JUN 24 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dean W. Huff*

Licensed Embalmer No. *491*

P. O. Address *Independence*

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.