

FILE JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21858

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Vermon Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merada mo.</u>		c. CITY OR TOWN <u>El Dorado Spg.</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital of Merada.</u>		e. STREET ADDRESS (If rural, give location) <u>110 West Walnut St</u>	

3. NAME OF DECEASED (First) <u>WALTER</u>	b. (Middle) <u>GREY</u>	c. (Last) <u>HUGHES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1954</u>
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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>Dec 18, 1874</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 6 HRS. Hours	12. IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired tank work.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wesley Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>Keller B. 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Hughes El Dorado Spg.</u>	ADDRESS <u>El Dorado Spg.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>36 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary occlusion</u>		
	DUE TO (c)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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? <u>4201</u>

22. I hereby certify that I attended the deceased from 6/21, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 6/21, 1954 and that death occurred at 7:25 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Floyd W. Francis MD</u> (Degree or title)	23b. ADDRESS <u>Merada mo.</u>	23c. DATE SIGNED <u>6/22/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-22-54</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd C. Luther</u>	ADDRESS <u>El Dorado Spg.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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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 *Floyd E. Carsthus*

Licensed Embalmer No. *4419*

P. O. Address *El Dorado Sp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.