

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33753

State File No. ....

0470

0470

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

BIRTH NO. _____		REG. DIST. NO. <u>145</u>		PRIMARY REG. DIST. NO. <u>5566</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place) <u>Graniteville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Graniteville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0470</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LEE</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11 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>Oct. 13 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR (Months) (Days) <u>11/28</u>		11. UNDER 2 HRS. (Hours) (Min.)		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>black smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>granite quarry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belgrade Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Habbidge</u>		14. NAME OF HUSBAND OR WIFE <u>Florence 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence Hughes, Graniteville</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>Sepsis + Peritonitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>Metastatic carcinoma - Primary of stomach</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>5 days</u> <u>8 days</u>
19a. DATE OF OPERATION <u>9/15/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>DIFFUSE CARCINOMATOSIS</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 <u>July 15, 1954</u> to <u>Oct 11, 1954</u> , that I last saw the deceased alive on <u>Oct 10, 1954</u> , and that death occurred at <u>2:25P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin L. Enloe DO</u>				23b. ADDRESS <u>4 17 So Jackson Farmington</u>		23c. DATE SIGNED <u>10/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doe Run Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doe Run Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20 - 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>			

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 Russell White.....

Licensed Embalmer No. 3012.....

P. O. Address Smiths Hill.....

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.