

FILED NOV 8 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **34420**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingsville		c. LENGTH OF STAY (In this place) 50yr	c. CITY OR TOWN Kingsville
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Kingsville, Missouri		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Kingsville, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) Lee	c. (Last) Hughes	4. DATE OF DEATH (Month) (Day) (Year) Oct, 27, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 13, 1903	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 11 Days 14	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Washington Hughes	13b. MOTHER'S MAIDEN NAME Nettie Robinson	14. NAME OF HUSBAND OR WIFE Freda Ethel Hughes
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) XXXXXX	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Freda Ethel Hughes, Kingsville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant 78 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis 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"/>
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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) 4201
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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 3-3-, 1950, to 10-27-, 1954, that I last saw the deceased alive on 9-21-, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. H. M.D.	23b. ADDRESS Plainsville, Mo	23c. DATE SIGNED 10-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/29, 54	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG Nov 2, 1954	REGISTRAR'S SIGNATURE Mrs. H. V. Redford	25. FUNERAL DIRECTOR'S SIGNATURE Canaway and Ropp, Holden, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 3 1954
RECEIVED

JOHNSON COUNTY HEALTH DEPT

MAR 9 1955
MAR 9 1955

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.....
Samuel B. Pope

Licensed Embalmer No. *424*

P. O. Address *Holden*

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.