

FILED NOV 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37985

BIRTH NO.		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 5734		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <i>Macon</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Atlanta Independent 7 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Near Atlanta. P.F.D. # 3</i>		d. STREET ADDRESS (If rural, give location) <i>Independence Church</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Died at Home</i>		3. NAME OF DECEASED		4. DATE OF DEATH		5. AGE (In years last birthday)	
		a. (First) <i>George</i>		b. (Middle) <i>Emmett</i>		c. (Last) <i>Kugher</i>	
(Type or Print)				11 - 11 - 1954			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Jan. 4, 1887</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		9. AGE (In years last birthday) <i>67</i>		11. BIRTHPLACE (State or foreign country) <i>Macon Co, Mo.</i>	
13a. FATHER'S NAME <i>Richard S. Hughes</i>		13b. MOTHER'S MAIDEN NAME <i>Joannia Hamblin</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Hughes</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mary Hughes</i>		ADDRESS <i>Atlanta, Mo.</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Pulmonary Edema</i>				<i>2 wks</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Acute Left Ventricular failure</i>				<i>2 wks</i>	
		DUE TO (b) <i>Congestive Heart failure</i>				<i>3 yrs.</i>	
		DUE TO (c) <i>Arteriosclerosis</i>					
		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 <i>4-3-4-1</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <i>Oct 30, 1954</i> to <i>Nov 11, 1954</i> , that I last saw the deceased alive on <i>Nov 11, 1954</i> , and that death occurred at <i>4:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>D. W. C. C. C.</i> (Degree or title)				23b. ADDRESS <i>Atlanta Mo</i>		23c. DATE SIGNED <i>11-12-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov 13-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Elmer Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>in Elmer Mo</i>	
DATE REC'D BY LOCAL REG. <i>Nov 13 1954</i>		REGISTRAR'S SIGNATURE <i>Mrs O J Griffin</i> 186		25. FUNERAL DIRECTOR'S SIGNATURE <i>H M Gooding</i>		ADDRESS <i>Atlanta Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

0610
1

(21)

RECEIVED 17
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-22-54
Date Filed 11-54-182
11-23-54

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 W. W. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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.