

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1955

BIRTH NO.		REG. DIST. NO. 282	PRIMARY REG. DIST. NO. 5977	Registrar's No. 1
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Aldrich</u>	c. LENGTH OF STAY (In this place) <u>60 yrs.</u>	c. CITY OR TOWN <u>Aldrich</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>2 1/2 Mi. N.E. of Aldrich</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. N.E. of Aldrich</u> 0840		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u> b. (Middle) <u>Leamon</u> c. (Last) <u>Hughes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 13 1879</u>	9. AGE (Last birthday) <u>75</u> 11 27 If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Warner Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oral M. Hughes</u> ADDRESS <u>Aldrich 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) <u>Arterio-Sclerosis</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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H 46 X</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>1949</u> , 19___, to ____, 19___, that I last saw the deceased alive on <u>1-2</u> , 19 <u>55</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (In proper title) <u>M. H. Gumbert, D.S.</u>		23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>1-4-55</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 5 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery, West of Aldrich Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Henderson</u>	FURNERAL DIRECTOR'S SIGNATURE <u>Osmin & Blue</u> ADDRESS <u>Bolivar Mo</u>	

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

1938

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 *Oby Jester*.....
Licensed Embalmer No. *415*.....
P. O. Address *Bolivar*.....

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.