

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY OR TOWN <u>Springfield Mo.</u>	c. LENGTH OF STAY (in this place) <u>2 hrs.</u>	c. CITY OR TOWN <u>Kansas city</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Burge</u>		e. STREET ADDRESS (If rural, give location) <u>2724 N. 7th 81508</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dallas</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-11-1934</u>	9. AGE (in years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AERO SUPPLY CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY KANS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ARTHUR HUGHES</u>	13b. MOTHER'S MAIDEN NAME <u>NANNIE WESTLEY</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>514-34-6190</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NANNIE HUGHES</u> ADDRESS <u>2724 N. 7th K.C. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE BRAIN damage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skull fracture</u> 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 <u>12 Feb 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>cardiac arrest</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> Hwy #13</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <u>3mi W of Belvoir Park Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 12 55 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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22. I hereby certify that I attended the deceased from 12 Feb, 1955, to 12 Feb, 1955, that I last saw the deceased alive on 12 Feb, 1955 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. S. ...</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Springfield Mo. 103 Professional Bldg.</u>	23c. DATE SIGNED <u>12 Feb 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>2-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANS.</u>
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DATE REC'D BY LOCAL REG. <u>2-14-55</u>	REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert V. Smith</u> ADDRESS <u>6027 Jefferson Spqdy Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 29 1950

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..... *Herbert V Smith*

Licensed Embalmer No. *428*

P. O. Address *Spring*

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.