

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27084

State File No. ....

BIRTH NO. .... REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 5820 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon,</u>		c. LENGTH OF STAY (In this place) <u>12 Yrs</u>	c. CITY OR TOWN <u>Gideon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>0120</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Hershel</u>	c. (Last) <u>Hughes</u>	(Month) <u>8</u>	(Day) <u>23</u>	(Year) <u>55</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>10-15-1919</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Willie Hughes</u>	13b. MOTHER'S MAIDEN NAME. <u>Dessie Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Louise Hughes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>	16. SOCIAL SECURITY NO. <u>499-20-7149</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Louise Hughes</u>
		ADDRESS <u>Gideon, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MEDICAL CERTIFICATION</u> <u>CORONARY OCCLUSION</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 8-23, 1955, to 8-23, 1955, that I last saw the deceased alive on 8-20, 1955, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Z. P. Hopkins M.D.</u>	(Degree or title)	23b. ADDRESS <u>Gideon, Mo.</u>	23c. DATE SIGNED <u>8/23/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Malden,</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>

DATE REC'D BY LOCAL REG. <u>8-23-55</u>	REGISTRAR'S SIGNATURE <u>Mrs E J Hopkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Mortuary</u>	ADDRESS <u>Report Gub</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

DATE RECEIVED AUG 27 1955  
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Lloyd Russell  
Licensed Embalmer No. 50  
P. O. Address P. 990th

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.