

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32000**

FILED OCT 3-1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6186** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Taney</b>	
b. CITY OR TOWN <b>Brown Branch</b>		c. CITY OR TOWN <b>Brown Branch</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Rural-Beaver Sp. 106<sup>00</sup></b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Lucretia</b>	b. (Middle) <b>H</b>	c. (Last) <b>Hughes</b>	(Month) <b>Sept.</b>	(Day) <b>12-</b>	(Year) <b>1955</b>
5. SEX <b>F. m.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 30, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rome, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>James C. Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Rachel Lawrence</b>	14. NAME OF HUSBAND OR WIFE <b>Ike L. Hughes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ike L. Hughes - Brown Branch, Mo.</b>
		ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>2 hrs</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<b>20 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>H200</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **June, 1954** to **9-12, 1955**, that I last saw the deceased alive on **9-8, 1955**, and that death occurred at **24 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. M. Magnus M.D.</b>	23b. ADDRESS <b>Branson, Mo.</b>	23c. DATE SIGNED <b>9/20/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-16-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Spring Creek</b>	24d. LOCATION (City, town, or county) (State) <b>Smallett, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-28-55</b>	REGISTRAR'S SIGNATURE <b>Helen Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chirkinghead Funeral Home</b>	ADDRESS <b>awa, Mo.</b>
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Licensed Embalmer's Statement on Reverse Side

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

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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.....  
*Lytle G. Clarkingbeard*

Licensed Embalmer No. 4234

P. O. Address *Arva, Mo.*

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.