

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40643**
5208

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>35 years</u> | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1215 Prospect</u> | | e. STREET ADDRESS (If rural, give location) <u>1215 Prospect 324th</u> | |

| | | | | | |
|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>EVALINA</u> c. (Last) <u>HUGHES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1955</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Nov. 24, 1878</u> | | 9. AGE (In years last birthday) <u>77</u> | | 10. IF UNDER 1 YEAR Months Days | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | | | | |
|--------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Newton Fee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Otis B. Hughes</u> | |
|--------------------------------------|--|--|--|---|--|

| | | | | | |
|--|--|---|--|---|--|
| 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>306-26-2481A</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Hughes, R. C. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>42-01</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>Heart Murmur of Gen. Heart</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) <u>Natural</u> | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|----------------------------------|--|
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) | | 23b. ADDRESS <u>1034 Pearl St Bldg</u> | | 23c. DATE SIGNED <u>11-30-55</u> | |
|---|--|--|--|----------------------------------|--|

| | | | | | |
|--|--|---------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11/30/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Bloomington, Indiana</u> | |

| | | | | | |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-30-55</u> | | REGISTRAR'S SIGNATURE <u>Reva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>TIGERMAN Mortuary, K.C. MO</u> | |
|--|--|--|--|--|--|

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

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 *John R. Dindman*

Licensed Embalmer No. *45*

P. O. Address *Kansas City*

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.