

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41185**BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 211

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| 1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMDENDTON</u> <u>0150</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALLACE HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) _____ | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LEO</u> | b. (Middle) _____ | c. (Last) <u>HUGHES</u> | 4. DATE OF DEATH | (Month) <u>12</u> | (Day) <u>24</u> | (Year) <u>1955</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>OCTOBER-5-1908</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>WILLIAM HENRY HUGHES</u> | 13b. MOTHER'S MAIDEN NAME <u>IDA MAY KIRKPATRICK</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS Ernest Jackson - Camdenton</u> | ADDRESS <u>Camdenton</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, ashenia, 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>Left Heart Failure</u> | | <u>3 days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Esophagus - Intestinal</u> <u>1 1/2 yrs.</u> DUE TO (c) <u>Cachexia + Malnutrition</u> <u>1 yrs.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>1954</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Esophagus - Resected in K.C.</u> | 150X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 11-10, 1955, to 12-23, 1955, that I last saw the deceased alive on 12-23, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>George L. Weeks M.D.</u> | 23b. ADDRESS <u>Lebanon Missouri</u> | 23c. DATE SIGNED <u>1-3-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | 24b. DATE <u>12-26-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LAMONTE</u> | 24d. LOCATION (City, town, or county) (State) <u>LAMONTE MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>1-3-1956</u> | REGISTRAR'S SIGNATURE <u>Stella L. May</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u> | ADDRESS <u>La Monte Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-9-55
Laclede County Health Unit
File No. 211
Date Filed 1-9-55

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 _____
Student Embalmer

Signed

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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 this body is not embalmed, fact should be so stated above.