

0.300
0.46

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

42212

FILED JAN 6 1956

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11439

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Chronic Hospital		c. LENGTH OF STAY (in this place) 11 days	c. CITY OR TOWN St. Louis, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 5105 Cote Brillante	
3. NAME OF DECEASED a. (First) J. F. A. b. (Middle) MARIE F. c. (Last) HUGHES			4. DATE OF DEATH (Month) (Day) (Year) Dec 24 55
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1888
9. AGE (In years last birthday) 67.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Harrisburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Prof. J.C. Hawkins.	
13b. MOTHER'S MAIDEN NAME Julia Hawkins		14. NAME OF HUSBAND OR WIFE John H. Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Hughes 5105 Cote Brillante	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular occlusion INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cerebrovascular disease DUE TO (c) Hypertensive cerebrovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE OR MURDER (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	443X
22. 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 12-19-55 to 12-24-55, 1955, that I last saw the deceased alive on 12-24-55, 1955, and that death occurred at 9:05 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. P. Costello (Degree or title)		23b. ADDRESS 5600 - Overland	23c. DATE SIGNED 12-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/28/55	24c. NAME OF CEMETERY OR CREMATORY Hiawatha, Kansas	24d. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. DEC 28 1955	REGISTRAR'S SIGNATURE J. P. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. P. Costello

MAR 7 1958

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 *Arthur R. Hilliard*

Licensed Embalmer No. *422*

P. O. Address *4607 Ju*

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.