

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1956

No. 300
10.48

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Wortham		c. CITY OR TOWN Wortham	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 36 yrs.		e. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Wortham, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) Mary c. (Last) Hughes	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 6th. 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH (last birthday) Aug. 25th. 1875
9. AGE (In years) 80		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 11 Hours 4 1/2 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) St. James, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Hughes	
13b. MOTHER'S MAIDEN NAME Mary Gorman Hughes		14. NAME OF HUSBAND OR WIFE Martin A Hughes, (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Blankenship, Irondale, Mo.		ADDRESS	
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.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis and Terminal Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 8 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Heart Disease			7 months
DUE TO (c) Arteriosclerosis			15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 4343			6 years
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 Oct. 7, 1952 , to Feb. 6, 1956 , that I last saw the deceased alive on Feb. 5, 1956 , and that death occurred at 4:30A m., from the causes and on the date stated above.			
23a. SIGNATURE M. M. Beck (Degree or title) D. O.		23b. ADDRESS Leadwood, Missouri	23c. DATE SIGNED 2/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/1956	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Bismarck Mo.
DATE REC'D BY LOCAL REG. Feb. 7, 1956	REGISTRAR'S SIGNATURE Esther Redlog	25. FUNERAL DIRECTOR'S SIGNATURE C.Z. Boyer & Son ADDRESS Desloge, Mo.	

FEB 23 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 *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Heslop, Pa.*.....

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.