

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14380**

FILED MAY 15 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3054 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Flat River</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>12 High St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8-1887</u>	9. AGE (In years last birthday) <u>68-11-21</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>11</u> Mins. <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Newbern, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mr. William Walter Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Hatridge</u>	14. NAME OF HUSBAND OR WIFE <u>Allie E. Reader Hughes</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. (If yes, give war or dates of service) <u>492-229-813</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allie E. Reader Hughes</u>	ADDRESS <u>12 High St. Flat River, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hodgkin's disease</u>		INTERNAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES A. Forbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from 2/27/1956 to 4/29/1956, that I last saw the deceased alive on 4/29/1956, and that death occurred at 10:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Byron W. Taylor Jr. MD</u>	23b. ADDRESS <u>22 Science St. Flat River, Mo.</u>	23c. DATE SIGNED <u>5/9/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-9-56</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin H. Head</u>	ADDRESS <u>303 Crane Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 2 NOV

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 *Robert W. Hood*

Licensed Embalmer No. 278

P. O. Address 363 Crane St. Fla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

