

FILED AUG 1 - 1956

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23077**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5231** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Sherman Twp.	c. LENGTH OF STAY (in this place) 72 yrs.	c. CITY OR TOWN Creighton	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION at the home		e. STREET ADDRESS (If rural, give location) 5 miles west	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel	b. (Middle) Irven	c. (Last) Hough	4. DATE OF DEATH (Month) (Day) (Year) 7 23 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 19, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and State or Foreign Country) Creighton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Hough	13b. MOTHER'S MAIDEN NAME Fannie Rutt	14. NAME OF HUSBAND OR WIFE Ula Hough
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 191-10-5796	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ula Hough	ADDRESS Creighton, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	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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22. TIME OF INJURY (Month) (Day) (Year) (Hour)	22a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22b. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **7-18, 1956** to **7-23, 1956**, that I last saw the deceased alive on **7-18, 1956** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Ellis, M.D.	(Degree or title)	23b. ADDRESS Garden City, Mo.	23c. DATE SIGNED 7/24/56
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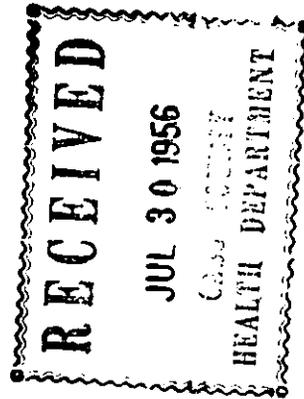
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-1956	24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	24d. LOCATION (City, town, or county) (State) Garden City, Missouri
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DATE REC'D BY LOCAL REG. July 25 1956	REGISTRAR'S SIGNATURE Nora Ballard	25. FUNERAL DIRECTOR'S SIGNATURE Adkinson & Wiley - Garden City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case by City

AUG 29 1956



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 *Billy J. Hickey*.....

Licensed Embalmer No. *468*.....

P. O. Address *Harbor 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.