

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1956

State File No. **23774**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2959

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 43yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 3709 Paseo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 3709 Paseo		(If rural, give location) 35⁸ 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Arthur	b. (Middle) Emerson	c. (Last) Hughes	(Month) July	(Day) 5	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1913.	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman American Hardware Mutual Insurance		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur G. Hughes			13b. MOTHER'S MAIDEN NAME Laura Anderson		14. NAME OF HUSBAND OR WIFE Arda Hughes		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-18-0465		17. INFORMANT'S SIGNATURE OR NAME Arda Hughes		ADDRESS 3709 Paseo Kansas City Mo.	
---	--	--	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Thrombosis, Coronary, Acute		(a) _____					
ANTECEDENT CAUSES		DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or conditions causing death.				4201.	

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)		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 May 10, 1956, to July 5, 1956, that I last saw the deceased alive on July 5, 1956, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE L.W. Brumm (Degree or title)		23b. ADDRESS L. W. Brumm, M. D. 6308 Troost		23c. DATE SIGNED JUL 6 - '56	
--	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jul 7 1956		24c. NAME OF CEMETERY OR CREMATORY Highridge		24d. (City, town, or county) (State) Kansas City, Mo.	
---	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 7-7-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster		ADDRESS Funeral Home Kas. C. Mo.	
--	--	--	--	--	--	---	--

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

Dr. Brumm 6308 Troost
HI 4-0066

1-5 P.M.

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 *J. Vigil Hernandez*.....

Licensed Embalmer No. *3598*

P. O. Address *A. C. M.*

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.