FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

140

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cassville Comm. Hosp. — Length of stay in 1b 6 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Monett — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. 1 — Reside on Farm Yes ☒ No ☐

0050

3. NAME OF DECEASED (Type or print) First: Levoneous Middle: Last: Hughey

4. DATE OF DEATH Month: Feb. Day: 6 Year: 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 7-27-1884

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Green Forrest, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Hughey

14. MOTHER'S MAIDEN NAME Leona Tharp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-10-1452

17. INFORMANT Gertrude Hughey Address Monett, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-5-54, to 2/6/57 and last saw him alive on 2/6/57
Death occurred at 4:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul H Harris DO

22b. ADDRESS Purdy Mo

22c. DATE SIGNED 2/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-9-1957

23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

23d. LOCATION (City, town, or county) (State) Barry Co S.E. of Monett Mo.

24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Monett, Mo.

25. DATE RECD. BY LOCAL REG. 2-8-1957

26. REGISTRAR'S SIGNATURE Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 257-26

DATE REC. 2-11-57

FEB 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, M

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.