

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden, Mo.</b>		c. LENGTH OF STAY (In this place) <b>18 days</b>	c. CITY OR TOWN <b>0510</b> <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Holden Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Holden, Missouri</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MANSFORD</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>HUGHES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 15, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James T. Hughes</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Wall</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl Daniel Hughes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Hughes</b> ADDRESS <b>Holden, Missouri</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial dilatation ad Ventricular fibrillation</b>		<b>3-4 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Toxicity with Uremia</b> DUE TO (c) <b>Nephrosclerosis</b>		<b>several days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic prostatitis</b>		<b>several years</b>	<b>several years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442x</b>	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) <b>2</b>
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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?
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22. I hereby certify that I attended the deceased from Dec. 26, 1956, to March 1, 1957, that I last saw the deceased alive on Feb. 28, 1957, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas P. Weacoto D.O.</b>	23b. ADDRESS <b>Holden, Missouri</b>	23c. DATE SIGNED <b>3/2/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/3/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wall</b>	24d. LOCATION (City, town, or county) (State) <b>West of Chilhowee, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-3-57</b>	REGISTRAR'S SIGNATURE <b>Mrs. H. V. Radford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cook Funeral Home, Chilhowee, Mo.</b> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

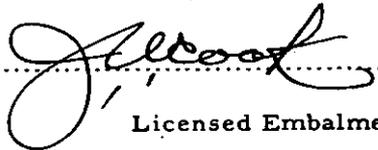
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 4325...

P. O. Address Chilhowee, 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.