

Public Health Service  
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 74

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5798

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Louisiana</u>		0820 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD 2, Louisiana,</u>			Length of stay in lb <u>10 years</u>		d. STREET ADDRESS <u>RFD # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>MOORE</u> Last <u>HUGHLETT</u>				4. DATE OF DEATH Month <u>FEB.</u> Day <u>16,</u> Year <u>1957</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 21, 1900</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Mail Carrier</u>		11. BIRTHPLACE (City and state or country) <u>Pike Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13. FATHER'S NAME <u>George Hughlett</u>				14. MOTHER'S MAIDEN NAME <u>Nina Moore</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Fred Hughlett, RFD 2, Louisiana, Mo.</u>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas.</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____				157X				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>3/31/56</u> to <u>2/16/57</u> and last saw <u>him</u> alive on <u>2/15/57</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Louisiana, Missouri</u>				22c. DATE SIGNED <u>2/18/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/19, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Louisiana, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 26, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>					

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1962

MAR 20 1957

MAY 21 1958

OCT 28 1957

JUN 19 1957

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 *Virginia M. Sterne* .....

Licensed Embalmer No. 464

P. O. Address *Louisiana*

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.