Health, Welfare Public Service

. 300
1-56

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27315
STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6274 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Worth County Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middlefork Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles northwest Worth — Length of stay in 1b 40 years

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Worth
c. CITY OR TOWN Worth, Missouri — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 2 miles northeast of Worth (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Hazel Middle Elizabeth Last Hughes
4. DATE OF DEATH Month June Day 16 Year 1957
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH November-1-1893
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 7 Days 15 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Rybolt
14. MOTHER'S MAIDEN NAME Maggie Witmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Frank Hughes Worth Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH 2yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1955 to June 16, 1957 and last saw her alive on 15 June57
Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B Matteson MD (Degree or title) MD
22b. ADDRESS GRANT CITY, MISSOURI
22c. DATE SIGNED 6-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 19-1957
23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery
23d. LOCATION (City, town, or county) (State) Grant City Mo

24. FUNERAL DIRECTOR John Andrews ADDRESS Grant City Mo
25. DATE RECD. BY LOCAL REG. 7-11-1957
26. REGISTRAR'S SIGNATURE Lela E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....John Andrews....

Licensed Embalmer No. 42..

P. O. Address Grant Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.