

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 027667  
STATE FILE NUMBER  
Registrar's No. 206

Registration District No. 47 Primary Registration District No. 3008

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57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton	
c. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Mem. Hosp. 1 Mon.		d. STREET ADDRESS RFD 3	

3. NAME OF DECEASED (Type or print) First Middle Last William Clark Hughes			4. DATE OF DEATH Month Day Year August 16, 1957			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Shoe Worker	11. BIRTHPLACE (City and state or country) Sedalia Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Don't Know	13b. MOTHER'S MAIDEN NAME unknown Kidd	14. NAME OF HUSBAND OR WIFE Ethel Hughes
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Woodrow Hughes	Address Fulton Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) arteriosclerotic heart disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia; Bladder neck obstruction 4200		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 6-1-57 to 8-16-57 and last saw him alive on 8-15-57  
Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Tom Brewer MD (Degree or title)	22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 8-17-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 18/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	23d. LOCATION (City, town, or county) (State) Callaway County Mo.
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24. FUNERAL DIRECTOR Maupin F. H.	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Aug-17-1957	26. REGISTRAR'S SIGNATURE Margetta Lawrence
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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730700

JAN 23 1958

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 *Ray W. Stewart*

Licensed Embalmer No. *3120*  
P. O. Address *Dallas*

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.