Health, & Welfare Public Service

FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32355

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Iantha — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Freeman Hospital — Length of stay in 1b 9 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First ZENO	Middle WALTER	Last HUGHES	4. DATE OF DEATH Month Day Year Sept 30 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Nov 2 1900
9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Iantha, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Zeno Hughes	13b. MOTHER'S MAIDEN NAME Leva Ann Samuel	14. NAME OF HUSBAND OR WIFE Irma Sumners	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xxx	16. SOCIAL SECURITY NO. 490-20-0783	17. INFORMANT Address Mrs. Irma Sumners, Iantha, Missouri	

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acidosis	24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Lower Nephron Nephrosis	8 days
DUE TO (c)	Massive Carcinoma (clear all) Left Kidney	6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) 180x

19. WAS AUTOPSY PERFORMED? YES [X] 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 9-21-57, to Sept 30-'57 and last saw her/him alive on

Death occurred at 7:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.	22b. ADDRESS Prince Bldg - Joplin Mo	22c. DATE SIGNED 10/4/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct 3 1957	23c. NAME OF CEMETERY OR CREMATORY Iantha Cemetery
23d. LOCATION (City, town, or county) (State) Iantha, Missouri		
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. 10-8-1957	26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED OCT 14 1957
Jasper County Health Office
County File Number 837
Date Filed ~~OCT 14 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 Earl F. Romanty

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.