

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008812

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 38 Primary Registration District No. 3096 Registrar's No. 124

| | | | | | | | |
|--|------------------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>BOONE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>MOBERLY</u> | | 0883 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSP</u> | | | Length of stay in 1b <u>22 days</u> | | d. STREET (If outside, give location) ADDRESS <u>401 EMERSON</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ORVILLE T HUGHES</u> | | | | 4. DATE OF DEATH Month Day Year <u>3 16 1958</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>COLORED</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>2-21-09</u> | | 9. AGE (In years last birthday) <u>49 yrs</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR WASHER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u> | | 11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13. FATHER'S NAME <u>J. M. Hughes</u> | | | | 14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 1943 to 1946</u> | | 16. SOCIAL SECURITY NO. <u>490-18-7513</u> | | 17. INFORMANT <u>PATIENTS CHART</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>Respiratory insufficiency</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Bilateral bronchopneumonia with left pleural effusion</u> | | | | 5 days | |
| | | DUE TO (c) <u>491XH</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Squamous anaplastic carcinoma (metastatic), primary source unknown</u> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>2</u> | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year p. m. | | | | | | | |
| 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, hotel, etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>2/24/58</u> to <u>3/16/58</u> and last saw <u>him</u> alive on <u>3/16/58</u> Death occurred at <u>10:40 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Frank P. Mohr, M.D.</u> | | | | 22b. ADDRESS <u>U. of Missouri Med Center; Columbia, Mo</u> | | 22c. DATE SIGNED <u>3/16/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| <u>Burial</u> | | <u>Mar. 19, 1958</u> | <u>Oakland</u> | | <u>Moberly Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>J. B. Patton & Son, Huntville, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Mar. 17, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Paolone</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

1th, affare, lic, vice

00 56

Doctor, coroner, etc. must use only standard nomenclature in item 18.

MAR 26 1958

FEB 10 1965

FEB 8 1965

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 Paul Patton

Licensed Embalmer No. 40

P. O. Address Huntville

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.