

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015053
State File No.

FILED APR 21 1958

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 25

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON TWP.</u> c. LENGTH OF STAY (in this place) <u>69 YRS.</u>		c. CITY OR TOWN <u>RFD #1 STOUTSVILLE, MO.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 MI. E. OF PARIS, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>9 MI. E. OF PARIS, MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>LEE</u> c. (Last) <u>HUGHES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 17, 1888</u>
9. AGE (In years) last birthday <u>69</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK HUGHES</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE TANNER</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA MAY HUGHES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>486-14-4614</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS ANNA MAY HUGHES</u>		ADDRESS <u>PARIS MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Depletion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 4, 1958</u> to <u>4-14, 1958</u> , that I last saw the deceased alive on <u>4-12, 1958</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo M. Buppelle M.D.</u> (Degree or title)		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>4/14/1958</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/16/1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL GEN.</u>		24d. LOCATION (City, town, or county) (State) <u>5 MI E. OF PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-58</u>		REGISTRAR'S SIGNATURE <u>J. R. Barnet, M.D.</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.