

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021462

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 105-116 Primary Registration District No. 3020 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If instruction: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp.</u>		Length of stay in lb <u>37 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>424 High St.</u>
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Hughes</u> Last <u>Hughes</u>		4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 6, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) Months <u>5</u> Days <u>10</u> Hours <u>10</u> Min.
11. BIRTHPLACE (City and state or country) <u>Camphletton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>John Eichenlaub</u>		13b. MOTHER'S MAIDEN NAME <u>Emelie Witt</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Hughes</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state of unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Miss Esther Bushmeyer</u> Address <u>Washington, Mo</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>Cardiovascular Renal Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u>			<u>20 yrs</u>
DUE TO (c) <u>442XH</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sarcoma of skin left breast - lesion in esophagus</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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 _____
21. I attended the deceased from <u>5-6-58</u> to <u>6-16-58</u> and last saw her alive on <u>6-16-58</u> Death occurred at <u>6:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Schumacher MD</u> (Degree or title)		22b. ADDRESS <u>mat Elm Washington</u>	22c. DATE SIGNED <u>6-16-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial June 18, 1958</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Old Fellow's Cemetery Washington, Missouri</u>	23d. LOCATION (City, town, or country) (State)
24. FUNERAL DIRECTOR <u>Wiegand Witt, Inc, Washington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-26-58</u>	26. REGISTRAR'S SIGNATURE <u>F. S. Schumann</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lester A. Vitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, D.C.*

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.