

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021712

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 827

Health, Welfare and Public Service  
000-56  
0  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Windsor</b> 0420 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b> Length of stay in 1b <b>4 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>107 S. Smith</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Jean Louise Hughes</b> First Middle Last		4. DATE OF DEATH <b>April 23, 1958</b> Month Day Year	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-1-1954</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (In years last birthday) <b>3</b>	9c. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Windsor, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Walter J. Hughes</b>	
14. MOTHER'S MAIDEN NAME <b>Virginia Gates</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Walter Hughes, Windsor, Mo.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per item (a) or (b)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Stroke Secondary to Acute Glomerulonephritis &amp; Anesthesia</b> DUE TO (b) <b>Acute Glomerulonephritis &amp; Anesthesia</b> DUE TO (c) <b>—</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b> <b>2 yrs.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		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 <b>9-1-54</b> to <b>4-23-58</b> and last saw her alive on <b>4-23-58</b> Death occurred at <b>11:00 A.</b> m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Clude M. Shurber, M.D.</b> 22b. ADDRESS <b>Windsor, Mo.</b> 22c. DATE SIGNED <b>5-4-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor Mo.</b>
24. FUNERAL DIRECTOR <b>Ellis Huston</b> ADDRESS <b>Windsor, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-26-58</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

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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 *Clifford Gouge*.....

Licensed Embalmer No. *501*

P. O. Address *Windsor*

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.