

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024883

State File No.

FILED JUL 16 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4105 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PECUARIAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PECUARIAR</u>	
c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>WEST MAIN STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST MAIN ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES EDWIN</u> b. (Middle) <u>HUGHES</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-58</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>July 28, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESIDENTIAL</u>	11. BIRTHPLACE (State or foreign country) <u>WARSAW Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JAMES HUGHES</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINE GRESHAM</u>		14. NAME OF HUSBAND OR WIFE <u>ELSIE HUGHES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-14-3852</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Hughes Peculiar Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u>		
	DUE TO (c) <u>Hypertension</u>		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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) <u>4201</u>	
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?	

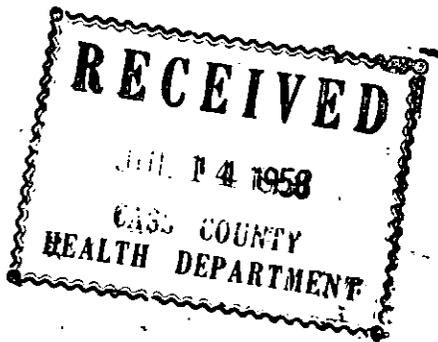
22. I hereby certify that I attended the deceased from 7/7, 1958, to 7/7, 1958, that I last saw the deceased alive on 7/7, 1958, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. Cunningham</u> (Degree or title)		23b. ADDRESS <u>PECUARIAR Missouri</u>		23c. DATE SIGNED <u>7-7-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-9-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILLS CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>PECUARIAR Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 9, 1958</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ed Geoghegan</u>	
				ADDRESS <u>Belton Mo.</u>	

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

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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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed..... *Sterling E. Gossard*

Student Embalmer No.

Licensed Embalmer No. *4911*

P. O. Address *Grandview Mo*

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 this body is not embalmed, fact should be so stated above.