Health, & Welfare Public Service 512 S. 3001 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026084
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN: Warrensburg — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 317 Jackson — Length of stay in 1b: 30 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg 0512 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 317 Jackson — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Walter Middle: V. Last: Hughes

4. DATE OF DEATH Month Day Year: July 21, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 7-16-1886

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Stationary Eng.

11. BIRTHPLACE (City and state or country): Knobnoster, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Percy Hughes

13b. MOTHER'S MAIDEN NAME: Mary E. Nace

14. NAME OF HUSBAND OR WIFE: Ada Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 495-01-0729

17. INFORMANT Address: Mrs Ada Hughes, Warrensburg, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion 4201	"
DUE TO (c)	Coronary Thrombosis	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardio Vascular disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 7-1-58, to 7-21-58 and last saw ~~her~~ him alive on 7-18-58
Death occurred at 9:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth D Jones M D (Degree or title) **22b. ADDRESS** Warrensburg Mo **22c. DATE SIGNED** 7-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 7-23-1958 **23c. NAME OF CEMETERY OR CREMATORY:** Knobnoster Cemetery **23d. LOCATION** (City, town, or county) (State): Knobnoster, Missouri

24. FUNERAL DIRECTOR ADDRESS: Sweeney & Phillips-Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.: July 22, 1958

26. REGISTRAR'S SIGNATURE: Savannah Curtis

(Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.