

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026688  
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 316 Primary Registration District No. 60075 Registrar's No. 266

40  
300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside of town, give town and township) <b>St. Francois Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> OR TOWN <b>Farmington, Mo.-Rural</b>		c. CITY OR TOWN <b>Farmington, Mo.</b> 0940 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>Thomas Dell N. Home</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last <b>Andrew Jackson Hughes</b>			4. DATE OF DEATH Month Day Year <b>July 9 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10, 1870</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired locomotive engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ST FRANCOIS COUNTY, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Hughes</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Jerolds</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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>Mrs. Frank Simms 211 N. Jefferson</b> Address <b>Farmington, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOSTATIC PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CARCINOMA OF COLON</b>	<b>UNKNOWN</b>
	DUE TO (c) <b>1538</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>HYPERTROPHY OF PROSTATE</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT: 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <b>JUNE 28, 1958</b> to <b>JULY 9, 1958</b> and last saw him alive on <b>JULY 9, 1958</b> Death occurred at <b>6:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Stanley N. Alib D.O. 2</b>	22b. ADDRESS <b>FARMINGTON, MO.</b>	22c. DATE SIGNED <b>JULY 11, 1958</b>
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23a. BURIAL, CREMATION, RECOVERY (Specify) <b>Burial</b>	23b. DATE <b>July 11, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K &amp; F</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>
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24. FUNERAL DIRECTOR <b>C.H. Cozean</b> ADDRESS <b>Farmington, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 11, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .....

*C. H. Cozeman*

Licensed Embalmer No. 4084

P. O. Address. Farmington

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.