

Health,  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038792

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 19

0041  
300  
1-57

1. PLACE OF DEATH a. COUNTY <b>ANDRAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>MISSOURI</b> b. COUNTY <b>ANDRAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VANDALIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>VANDALIA</b> 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>201 Highway 54 E</b>		Length of stay in lb <b>70 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>701 Highway 54 East</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARA JANE HUGHETT</b>			4. DATE OF DEATH Month Day Year <b>NOV 23 1958</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 2 1868</b>	9. AGE (In years less birthday) <b>90</b>	10. UNDER 1 YEAR Months Days Hours	11. UNDER 24 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. PLACE OF BIRTH (City and state or country) <b>Nalls Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISAAC ROHARD</b>		13b. MOTHER'S MAIDEN NAME <b>SEVILLA INLOW</b>		14. NAME OF HUSBAND OR WIFE <b>THOMAS HUGHETT</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>CHAR C. BLACKBURN</b> Address <b>VANDALIA, 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>terminal bronchopneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
DUE TO (b) <b>cerebral hemorrhage with right hemiplegia</b>		<b>10 days</b>
DUE TO (c) <b>generalized arteriosclerosis</b>		<b>years</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <b>331X</b>	
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 <b>VANDALIA, MISSOURI</b>
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21. I attended the deceased from <b>June 10, 1950</b> to <b>Nov 23, 1958</b> and last saw her alive on <b>11/23/58</b> Death occurred at <b>5:00AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Ernest P. [Signature] MD</b> (Degree or title)	22b. ADDRESS <b>Vandalia, Mo.</b>	22c. DATE SIGNED <b>11/24/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 25 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VANDALIA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>VANDALIA, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>William Blanton - Vandalia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 25 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mallic Fugate</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

1958  
MAY 3

body of  
name of

Department of Health

STATEMENT BY LICENSED EMBALMER

of the State of Michigan

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 *William P. Waters*

02/02/58

0302,01 vol

0291,01 Lic (Embalm) No. *4169*

P. O. Address *Vandalia*

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.