Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008932
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KENNETT — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MEMORIAL HOSPITAL — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: DUNKLIN
c. CITY OR TOWN: MALDEN 0356 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 306 No CLINTON ST. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: Last: HUGHES

4. DATE OF DEATH: Month: 3 Day: 17 Year: 1959

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ 2 **DIVORCED** ☐
8. DATE OF BIRTH: JUNE 7, 1893
9. AGE (In years last birthday): 65 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): BOLLINGER COUNTY 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE BURCHETT
13b. MOTHER'S MAIDEN NAME: MARTHA BREDWELL
14. NAME OF HUSBAND OR WIFE: HUGHES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ERNEST RICHARDSON Address: MALDEN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 5 years
DUE TO (c): 260X

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 11-18-53, to 3-16-59 and last saw her/him alive on 3-16-59
Death occurred at 6:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne Crean MD 0
22b. ADDRESS: Malden Mo
22c. DATE SIGNED: 3-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify):
23b. DATE: 3-19-1959
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county): MALDEN (State): MO.

24. FUNERAL DIRECTOR: DAYE KNIGHT, F.H. ADDRESS: MALDEN, MO.
25. DATE RECD. BY LOCAL REG.: 3-26-1959
26. REGISTRAR'S SIGNATURE: Earl Hudson

(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.

COUNTY FILE NUMBER 359 - 100

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. R. Shannon

Licensed Embalmer No. 4086

P. O. Address Malden

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.