

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018694

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 76

300
1-57

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

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Louisiana</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Louisiana</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Pike County Hospital Life Trace</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Rural Route 1</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARGARET ELIZABETH HUGHART</i>		4. DATE OF DEATH Month Day Year <i>May 30 1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 11, 1897</i>
9. AGE (In years last birthday) <i>62</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Pike County Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Smith</i>	
13b. MOTHER'S MAIDEN NAME <i>Clara E. Meriwether</i>		13c. NAME OF HUSBAND OR WIFE <i>Price Hughart</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-42-9143B</i>	17. INFORMANT <i>Price Hughart</i> Address <i>Louisiana Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Nephrosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>591x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i> <i>Jan. 1957</i>
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.) <i>-----</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from <i>1-3-57</i> to <i>5-30-59</i> and last saw her alive on <i>5-29-59</i> Death occurred at <i>7:25 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Chas H Lovell MD</i>		22b. ADDRESS <i>Louisiana, Missouri</i>	22c. DATE SIGNED <i>6-3-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>June 4, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>River View</i>	23d. LOCATION (City, town, or county) (State) <i>Louisiana Mo.</i>
24. FUNERAL DIRECTOR <i>Home Funerals</i>		ADDRESS <i>Louisiana Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>June 3-1958</i>
26. REGISTRAR'S SIGNATURE <i>Thomas C Durdon</i>			

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. B. Stene*

Licensed Embalmer No. *4039*.....
P. O. Address *Louisiana*.....

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.