

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019274  
STATE FILE NUMBER

FILED JUN 4 1959

Registration District No.

Primary Registration District No.

Registrar No.

4962

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Frisco Employees</i>		Length of stay in 1b <i>2mo 22da</i>	d. STREET ADDRESS (If outside, give location) <i>1901 McCausland</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Fred</i> Middle <i>Clifford</i> Last <i>Hughett</i>			4. DATE OF DEATH Month <i>May</i> Day <i>21</i> Year <i>1959</i>		
5. SEX <i>Male</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>3-11-1891</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rail Road</i>	11. BIRTHPLACE (City and state or country) <i>Bentley, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Joshua</i>		13b. MOTHER'S MAIDEN NAME <i>Maria Abbott</i>		14. NAME OF HUSBAND OR WIFE <i>Minnie Longshie</i>	
15. 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>702-03-4481</i>	17. INFORMANT <i>Wife - Same</i> Address <i>1901 McCausland</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>Acute Pulmonary Edema due to Heart Failure due to Arterio Sclerotic Heart Disease - old Coronary Thrombosis Old myocardial Infarct</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Sudden 5-21-59</i> <i>Known since 2-27-59</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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>4200</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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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		COUNTY STATE
21. I attended the deceased from <i>Feb 27, 59</i> to <i>May 21, 59</i> and last saw <sup>her</sup> him alive on <i>5-20-59</i> Death occurred at <i>4:50 AM</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Norman K. Miller M.D.</i> (Degree or title)		22b. ADDRESS <i>2960 Laclede Ave.</i>		22c. DATE SIGNED <i>5-21-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal Railroad</i>		23b. DATE <i>5-24-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Myers Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Hancock County Illinois</i>
24. FUNERAL DIRECTOR <i>Arthur J. Nonnelly</i> ADDRESS <i>3840 Lindell</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 22 '59</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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

*Francis Williams*

Licensed Embalmer No. ~~7558~~ 3565

P. O. Address

3840 Lin

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.