

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022484

STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 1570

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Chariton-Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Keytesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Length of stay in lb 30-Min.	d. STREET ADDRESS 1/2 Mile E. of Keytesville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Latimer Middle ---- Last Hughes			4. DATE OF DEATH Month July Day 5th Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18th 1894		9. AGE (In years last birthday) 65
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Dalton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dr. Bondurant Hughes		13b. MOTHER'S MAIDEN NAME Jemima Hughes	
14. NAME OF HUSBAND OR WIFE Marie Emerson Hughes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 443-12-5641	
17. INFORMANT Marie Hughes		Address Keytesville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) An acute coronary infarction 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)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) 4201	
20c. TIME OF INJURY Hour _____ 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 Moberly		COUNTY		STATE	
21. I attended the deceased from July 6th-59 to July 6th-59 and last saw her/him alive on July 6th-59 Death occurred at 12:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>John S. Fleming</i>		22b. ADDRESS Moberly	
22c. DATE SIGNED 7-6th-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 7th, 1959	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Keytesville, Mo.		(State)	
24. FUNERAL DIRECTOR A. D. Gamble		ADDRESS Keytesville, Mo.		25. DATE RECD. BY LOCAL REG. 7-7-59	
26. REGISTRAR'S SIGNATURE <i>Beaharlow</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

1995 28

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 H. O. Grunett _____

Licensed Embalmer No. 3946
P. O. Address Keyserville

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.