

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

## 59-026253

DIVISION OF HEALTH - AUG 4 1959

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 100

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond, Missouri</u> Length of stay in 1b <u>71 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>603 E. Lexington St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>Richmond, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>603 E. Lexington St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Henry Sheldon Hughes</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>7 - 25 1959</u>									
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1-20-1888</u>		<b>9. AGE (last birthday)</b> <u>71</u>		<b>IF UNDER 1 YEAR</b> Months <u>6</u> Days <u>5</u> Hours <u>  </u> Min. <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Banking</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Richmond, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>					
<b>13a. FATHER'S NAME</b> <u>Burnett Hughes</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Morehead</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Winifred Washington</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				<b>16. SOCIAL SECURITY NO.</b> <u>486-05-9597A</u>		<b>17. INFORMANT</b> Address <u>Winifred Hughes, Richmond, Mo.</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>8 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>  </u>									
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>											
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>7-21-59</u> to <u>7-25-59</u> and last saw him alive on <u>7-25-59</u> Death occurred at <u>5 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>E B Ray MD</u> (Degree or title)						<b>22b. ADDRESS</b> <u>Richmond, Mo.</u>			<b>22c. DATE SIGNED</b> <u>7-26-59</u>				
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>			<b>23b. DATE</b> <u>7-27-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunnyslope</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Richmond, Missouri</u>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Thomas J. Carter, Richmond, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-28-1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Malcolm Jackson</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Carter  
Licensed Embalmer No. 4474

P. O. Address Richmond, Miss

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.