

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036948

FILED VS NOV 9 1959

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Monroe.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Township Jackson North.		Length of stay in lb 4 Wks		c. CITY OR TOWN Victor, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plesant Hill Rest Home				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD Stautsville, Mo.		
3. NAME OF DECEASED (Type or print) First ESTELLA Middle MAY Last HUGHES.				4. DATE OF DEATH Month Oct Day 30 Year 1959.				
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-5-77		
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Monroe County, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fred Ruby			13b. MOTHER'S MAIDEN NAME Fannie Ruby.			14. NAME OF HUSBAND OR WIFE Led 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.		17. INFORMANT Address Mrs J.V. Hayden Stautsville, 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) Hemorrhagic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac decompensation. DUE TO (c) chronic conditions of age							INTERVAL BETWEEN ONSET AND DEATH 12 days	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)				
20c. TIME OF INJURY Hour 10:00 Month, Day, Year 10-30-59		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 10-18-59 to 10-30-59 and last saw her alive on 9 AM 10-30-59 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Nellis S. Brushman M.D.					22b. ADDRESS Paris, Missouri.		22c. DATE SIGNED 10-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-1-59		23c. NAME OF CEMETERY OR CREMATORY Victor Cemetery.		23d. LOCATION (City, town, or county) (State) Victor, Missouri.		
24. FUNERAL DIRECTOR Clyde C. Murray			ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. 11-1-59		26. REGISTRAR'S SIGNATURE J.R. Barnet M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 12 1959 SA

NOV 17 1959 SA

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

Clyde R. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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.