

RID DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001228

FILED VS FEB 1 1960 / 23

Registration District No. _____ Primary Registration District No. 3022 Registrar's No. 9

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany,			Length of stay in 1b 3 day		c. CITY OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Convelexcent Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Raif Middle C. Last Hughes				4. DATE OF DEATH Month January Day 23 Year 1960			
5. SEX male	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 5-1-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 8 Days 22 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY painter		11. BIRTHPLACE (City and state or country) Harrison County Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Gilbert Hughes			13b. MOTHER'S MAIDEN NAME Elizabeth McClure		14. NAME OF HUSBAND OR WIFE Lizzie Belle Hughes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish American			16. SOCIAL SECURITY NO. none		17. INFORMANT Marvin Hughes, St. Joseph, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage						6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease						5 yrs.	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis.					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		
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 _____ 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 1-17-60 to 1-23-60 and last saw her him alive on 1-23-60 Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Gilbert H. Hughes, D.O.				22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 1-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-25-60	23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or county) Bethany, Mo.			
24. FUNERAL DIRECTOR W. B. Hays		ADDRESS Bethany, Mo.		25. DATE RECD. BY LOCAL REG. 1-25-1960	26. REGISTRAR'S SIGNATURE Bella Mayes		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____
Y. B. Wade

Licensed Embalmer No. 3899

P. O. Address Bethnay, 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.