

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010069

FILED VS MAR 22 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 142 STATE FILE NUMBER

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>RIPLEY</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>POPLAR BLUFF</u>                    |  | Length of stay in 1b<br><u>9 Hours</u>   | c. CITY OR TOWN <u>NAYLOR</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>GEN. DELIVERY</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>ERNEST</u> Middle <u>CLEO</u> Last <u>HUGHES</u>  |                               |   | 4. DATE OF DEATH <u>FEBRUARY 23 - 1960</u><br>Month Day Year           |   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR 6 - 1900</u>                                   | 9. AGE (last birthday) <u>59</u>                    | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>PAINTER</u>                           |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>DECORATOR</u>   | 11. BIRTHPLACE (City and state or country)<br><u>NAYLOR - MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>        |  |
| 13a. FATHER'S NAME<br><u>JOHN M. HUGHES</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>ANNIE FLORENCE WEST</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>CARRIE HUGHES</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>YES World War II</u> |                               | 16. SOCIAL SECURITY NO.<br><u>495-14-1632</u>   | 17. INFORMANT Address<br><u>Carrie Hughes - NAYLOR - Mo.</u>           |   |  |

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|---|------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                        | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>3rd degree burn over entire body except small area on back</u>   |                        | <u>12 hrs</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>body</u> |   |
|   | DUE TO (c) <u>back</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |  |  |
|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>         | 20a. ACCIDENT <input checked="" 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<br>Hour _____<br>a.m. _____<br>p.m. _____   | Month, Day, Year   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 2-23-1960 to 2-23-1960 and last saw her/him alive on 2-23-1960  
Death occurred at 6:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|--|---|
| 22a. SIGNATURE (Degree or title)<br><u>Tom Hancher M.D.</u>          | 22b. ADDRESS<br><u>215 Oak St. Poplar Bluff, Mo.</u> | 22c. DATE SIGNED<br><u>3-4-60</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>           | 23b. DATE<br><u>2-25-1960</u>                        | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MASONIC CEMETERY</u>             |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>EDWARDS-PARRENT - NAYLOR - Mo</u> |  | 23d. LOCATION (City, town, or county) (State)<br><u>NAYLOR - MISSOURI</u> |
| 25. DATE RECD. BY LOCAL REG.<br><u>3-5-60</u>                        |  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                           |

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MS MAR 22 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Gene A. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.