

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019136

FILED VS JUN 13 1960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 74

ENDED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>	Length of stay in 1b <u>8 Hrs.</u>	c. CITY OR TOWN <u>Gallatin</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>---</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Clarence</u> Last <u>Hughes</u>			4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-11-1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>   </u> Days <u>   </u> Hours <u>   </u> Min. <u>   </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road Construction</u>	11. BIRTHPLACE (City and state or country) <u>Gallatin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-24-7986-A</u>	17. INFORMANT <u>Family Records &amp; Birth Cert.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>years.</u>
	DUE TO (c) _____		

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	
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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 3-1-60 to 5-31-60 and last saw him alive on 5-31-60.  
Death occurred at 12:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Albert M. Mike M.D.</u>	22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>6-2-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-2-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>
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24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 6-1960</u>	26. REGISTRAR'S SIGNATURE <u>Zella Masey</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 14 1960

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 *R. P. Chesser*

Licensed Embalmer No. 3302

P. O. Address Hall

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.