

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019142

FILED VS. MAY 23 1960

133

68

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Melboene	Length of stay in 1b life	c. CITY OR TOWN Melboene	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		Inside Limits Yes <input 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 Middle Last SARAH Bell Hughes			4. DATE OF DEATH Month Day Year May 5 1960	
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 9/10/1976	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during last working day) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Homework	11. BIRTHPLACE (City and state or country) HARRISON (county) Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Thomas Herrin		13b. MOTHER'S MAIDEN NAME Margaret West		14. NAME OF HUSBAND OR WIFE John C. Hughes (de)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, of what branch and of service) None		16. SOCIAL SECURITY NO. NONE	17. INFORMANT W. O. Terry	
				Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocardial infarction 3 years		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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

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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Trenton, Mo	COUNTY HARRISON	STATE Mo
21. I attended the deceased from May 1st 1957 to May 5th 1960 last saw her May 1st 1960 alive or Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Oliver F. Duffly		(Degree or title)	22b. ADDRESS Trenton, Mo	22c. DATE SIGNED May 6th 1960

23a. BURIAL, CREMATION, OR OTHER DISPOSITION BURIAL	23b. DATE May 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	23d. LOCATION (City, town, or county) HARRISON County Mo
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24. FUNERAL DIRECTOR James Blackman	ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. May 18-1960	26. REGISTRAR'S SIGNATURE Gella Masey
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(Licensed Embalmer's Statement on Reverse Side)

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 *Godwin Blackman*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.