

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

-60-023522

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Paris Prairie		Length of stay in lb 5 mo.		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON Co. Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1301 S. Appleton		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HELEN Middle HUGHES Last				4. DATE OF DEATH June 17 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 10/25/1877		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) BONOMETTE, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME James BLANKENSHIP			13b. MOTHER'S MAIDEN NAME MARY FERGUSON			14. NAME OF HUSBAND OR WIFE WALTER HUGHES Dec'd		
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. None		17. INFORMANT RAY HUGHES; 502 CRESCENT, INDEP. 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) Anterior chest Heart disease DUE TO (b) Generalized arterio sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 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 Month, Day, Year a.m. p.m.		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 1-19-60 to 6-17-60 and last saw her/him alive on 6-17-60 Death occurred at 7:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Thelma Laper M.D.				22b. ADDRESS Paris Summit, Mo		22c. DATE SIGNED 6/17/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 20-60		23c. NAME OF CEMETERY OR CREMATOR Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Indep Mo		
24. FUNERAL DIRECTOR Geo. C. CARSON				25. DATE RECD. BY LOCAL REG. 6-19-1960		26. REGISTRAR'S SIGNATURE N. B. Longford		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page.]

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

[Handwritten signature of a licensed embalmer]

Licensed Embalmer No. H199

P. O. Address _____

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