

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027437

FILED VS AUG 8 1960 64

Registration District No. 64 Primary Registration District No. 3032 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Length of stay in 1b <u>1da</u>		c. CITY OR TOWN <u>Whiteman Air Force Base</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>Warrensburg Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>John</u> Last <u>Hughes</u>				4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-4-1936</u>	9. AGE (last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. A. F.</u>		11. BIRTHPLACE (City and state or country) <u>Picher, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George W. Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Evelyn Stuart</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U. S. A. F.</u>			16. SOCIAL SECURITY NO. <u>514-28-3845</u>		17. INFORMANT <u>George W. Hughes, Picher, Oklahoma</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTEGRAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>							<u>12 hrs.</u>	
DUE TO (b) <u>Damage to central respiratory area</u>							<u>12 hrs.</u>	
DUE TO (c) <u>Head injury, Auto accident</u>							<u>12 hrs.</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. <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 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.) <u>Automobile accident, single vehicle</u>				
20c. TIME OF INJURY <u>2:30 p.m.</u>	Month, Day, Year <u>7/12/60</u>		Highway # 50 - Near Warrensburg, Mo.					
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.) <u>Highway 50</u>		20f. CITY, TOWN, OR LOCATION <u>Near Warrensburg</u>		COUNTY <u>Johnson</u>		STATE <u>Missouri</u>
21. I attended the deceased from <u>July 12, 1960</u> to <u>July 13, 1960</u> and last saw him alive on <u>July 13, 1960</u>				Death occurred at <u>2:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>John D. Jones, M.D.</u> (Degree or title)				22b. ADDRESS <u>Warrensburg, Missouri</u>				22c. DATE SIGNED <u>7/15/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/14/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Miami, Oklahoma</u>			(State)	
24. FUNERAL DIRECTOR <u>The Braungers, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>July 18, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Hutchfield</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0781 2 21 1968 SA

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.