

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048573

FILED VS DEC 21 1960

274

Primary Registration District No. 6274

Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middlefork		Length of stay in lb 20 years		c. CITY OR TOWN Worth		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION one mile north west		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) one mile north west		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Florence Middle Edna Last Hughes				4. DATE OF DEATH Month December Day 7 Year 1960			
5. SEX female	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Dec-13-188	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 11 Days 24 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher & housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Chicago Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Cyrus Thurber		13b. MOTHER'S MAIDEN NAME Mary Alma Tripp		14. NAME OF HUSBAND OR WIFE Roy Hughes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. -		17. INFORMANT Address Roy Hughes Worth Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skullfractures, fractures, cervical vertebrae compound fractures, both tibiae and fibulae Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) seconds DUE TO (c) seconds						INTERVAL BETWEEN ONSET AND DEATH seconds	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) walked into path of oncoming automobile					
20c. TIME OF INJURY Hour 7:45 a.m. Month, Day, Year 12/7/60	from behind schoolbus which was traveling in the opposite direction while going to own mailbox						
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on State Road in front of home	20f. CITY, TOWN, OR LOCATION 1 mi. NW of Worth, Worth Co., Mo.		COUNTY Worth		STATE Mo.	
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 7:45am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Frank B Matteson M.D.</i> (Degree or title) Frank B Matteson M.D. Coroner Worth Co				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 12/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE I2-9-1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Grant City Missouri			
24. FUNERAL DIRECTOR John Andrews		ADDRESS Grant City Missouri		25. DATE RECD. BY LOCAL REG. Dec. 14, 1960		26. REGISTRAR'S SIGNATURE <i>John E. Dawson</i>	

(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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.