

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012273

AMENDED

Registration District No. 338 Primary Registration District No. 4581 Registrar's No. 5 STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY Stoddard  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield Length of stay in lb yrs.       
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home Inside Limits Yes  No   
**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Stoddard  
 c. CITY OR TOWN Bloomfield Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) ---- Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last JESSE ----- HUGHES  
 (Type or print)  
**4. DATE OF DEATH** Month Day Year March 14, 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  **Never Married**   
**Widowed**  **Divorced**   
**8. DATE OF BIRTH** Apr. 23-74 **9. AGE (last birthday)** 86yrs.  
**IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer  
**10b. KIND OF BUSINESS OR INDUSTRY** crop farming **11. BIRTHPLACE** (City and state or country) Norris City, Ill.  
**12. CITIZEN OF WHAT COUNTRY** USA

**13a. FATHER'S NAME** John Hughes **13b. MOTHER'S MAIDEN NAME** unknown  
**14. NAME OF HUSBAND OR WIFE** Lydia Hughes

**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** James Hughes, Pine Bluff, Ark.  
 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) Infectious Hepatitis INTERVAL BETWEEN ONSET AND DEATH 5-6 days  
 DUE TO (b) Atherosclerotic Heart Disease 9 yrs  
 DUE TO (c) Myocardial Infarction 3 yrs  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accidents  
 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.)

**20c. TIME OF INJURY** Hour Month, Day, Year  
 a.m. p.m.

**20d. INJURY OCCURRED WHILE AT WORK**  **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** Aug 5-5 to March 14, 1961 and last saw him/her alive on March 14, 1961  
 Death occurred at 8 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Stephen Paul Bond **22b. ADDRESS** Bloomfield Mo **22c. DATE SIGNED** 3-15-61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** Mar. 16-61 **23c. NAME OF CEMETERY OR CREMATORY** Bloomfield cemetery **23d. LOCATION** (City, town, or county) (State) Bloomfield, Missouri

**24. FUNERAL DIRECTOR** ADDRESS CHILES UND.CO., BLOOMFIELD, Mo. **25. DATE RECD. BY LOCAL REG.** 3-17-61 **26. REGISTRAR'S SIGNATURE** Mrs. George L. Baker

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by Lulu Cooper #3499

Student Embalmer No. \_\_\_\_\_

~~working under my personal supervision.~~

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address

Bloomfield, N.J.

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.