SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013008
STATE FILE NUMBER

AMENDED

FILED APR 25 1961

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salton Mo. — Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chariton County, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Salton Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Salton, Missouri — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Amos Middle: Coleman Last: Hughes
4. DATE OF DEATH Month: April Day: 17 Year: 1961
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH April 7, 03
9. AGE (last birthday) 58 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Chariton
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Hughes
13b. MOTHER'S MAIDEN NAME Mary Hughes
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs. Edith Thornton Address Salton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Probably Coronary Thrombosis ? — INTERVAL BETWEEN ONSET AND DEATH: Not Known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Over Probably Smoke Suffocation
DUE TO (c) Man Was found in House filled with Smoke
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.) Smoking in bed died enroute
20c. TIME OF INJURY Hour p.m. Month, Day, Year April 17 61 to Hospital
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.) at home
20f. CITY, TOWN, OR LOCATION Salton COUNTY Chariton STATE Mo.
21. I attended the deceased from ~~8:00 P.~~, to _____ and last saw her/him alive on _____
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. D. Garnett (Degree or title) Coroner of Chariton County
22b. ADDRESS Keytesville Mo.
22c. DATE SIGNED 4/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 23, 61
23c. NAME OF CEMETERY OR CREMATORY Salton Missouri
23d. LOCATION (City, town, or county) Salton Chariton (State) Mo.
24. FUNERAL DIRECTOR Glenn H. Green ADDRESS Salton, Mo.
25. DATE RECD. BY LOCAL REG. Apr 23-61
26. REGISTRAR'S SIGNATURE Howard Smith

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

AUG 24 1961

MAY 22 1961

APR 28 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George H. Green

Signature of Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Trenton, N

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