

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016547

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 488 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 43 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 125 S. 20th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last HARRY H. HUGHES
 4. DATE OF DEATH Month Day Year April 30, 1961
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/26/1897 9. AGE (last birthday) 64 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) Switchman 10b. KIND OF BUSINESS OR INDUSTRY C. B. Q. Railroad 11. BIRTHPLACE (City and state or country) Des Moines, Iowa 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME D. B. Hughes 13b. MOTHER'S MAIDEN NAME Arminia Huzsong 14. NAME OF HUSBAND OR WIFE Regina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.#1
 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Address Mrs. Ethel Chinn, Long Beach, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Unattended Death - Natural Causes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) investigated by City Health Officer.
 DUE TO (c) _____
 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.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 11:00 p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W. Kieber, M.D. Health Officer 22b. ADDRESS St Joseph, Mo 22c. DATE SIGNED 5-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5/4/1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph Mo.

24. FUNERAL DIRECTOR ADDRESS Heston Bowman St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 15, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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

R.W. Kieber, M.D.

1961 23 APR SA

MAY 9 1962

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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Jo

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.