

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012035

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 21
FILED APR 1 1962

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Rev. 4/59

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Newton**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Franklin** Length of stay in 1b **6 Mens.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2 Miles N. E. Stella** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Barry**
 c. CITY OR TOWN **Rural** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Exeter** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Chalmer** Middle **Calvin** Last **Hughes**
 4. DATE OF DEATH Month **March** Day **23** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3/11/1901** 9. AGE (last birthday) **61** 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) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and state or country) **Newton Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Coela D. Hughes** 13b. MOTHER'S MAIDEN NAME **Sarah A. Dahbs** 14. NAME OF HUSBAND OR WIFE **Pearl Hughes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of) **293** 17. INFORMANT Address **Mrs. Pearl Hughes Modesto, Calif.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Gunshot wound in upper right forehead** INTERVAL BETWEEN ONSET AND DEATH **2 1/2 hours**
 DUE TO (b) **Shot self with 38 caliber revolver**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.) **Self inflicted gunshot wound**

20c. TIME OF INJURY Hour **9:00** m. Month, Day, Year **Mar 23, 1962**

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 farm** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **2 Mi. east of Stella, Newton, Missouri**

21. I attended the deceased from **did not attend** to _____ and last saw her/him alive on _____
 Death occurred at **11:30** A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James L. Haddock** 22b. ADDRESS **Coroner, Newton Co. 118 W. Main, Neosho, Missouri** 22c. DATE SIGNED **3-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3/27/62** 23c. NAME OF CEMETERY OR CREMATORY **Diof Cem.** 23d. LOCATION (City, town, or county) (State) **Pairview, Mo.**

24. FUNERAL DIRECTOR ADDRESS **W. Morris Jones Wheaton Mo** 25. DATE RECD. BY LOCAL REG. **3-28-62** 26. REGISTRAR'S SIGNATURE **Myrtle M. Hubbs**
by Clara Shaw, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 W. Marie Pope
 Licensed Embalmer No. 3447
 P. O. Address Wheaton, Mo.

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.

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