MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-033645
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 70

FILED OCT 2 1962

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First LEONARD Middle M. Last HUGHES

4. DATE OF DEATH: Month Sept. Day 20 Year 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-23-1863
9. AGE (last birthday): 98
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): MAIL CARRIER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): CAPE GIRARDEAU
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Leonard Hughes
13b. MOTHER'S MAIDEN NAME: MARY RILEY
14. NAME OF HUSBAND OR WIFE: MARY VANCE

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.: NO
17. INFORMANT: Myrtle Estes, Address: Cape Gir. Mo

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) Bronchial Pneumonia.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure (chronic)
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
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 7/23/62 to 9/20/62 and last saw him alive on 9/19/62
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John D. Hughbanks M.D. (Degree or title)
22b. ADDRESS Lutesville, Mo.
22c. DATE SIGNED 9/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-21-1962
23c. NAME OF CEMETERY OR CREMATORY: McGhee Chapel
23d. LOCATION (City, town, or county) (State): Glen Allen, Mo

24. FUNERAL DIRECTOR: Verne Ward, ADDRESS: Lutesville, Mo
25. DATE RECD. BY LOCAL REG.: 9/25/62
26. REGISTRAR'S SIGNATURE: Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0090		
2	0090		2
3			
4	0		
5	2		
6			
7	0		
8	0		
9	4500		
10			
11			
12	86-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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 Kenneth Riley

Licensed Embalmer No. 5086

P. O. Address Fulesville, 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.