

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

14438  
Do not use this space.

422  
1  
2  
FILED MAY 13 1942

1. PLACE OF DEATH  
(a) County Clay Registration District No. 347  
(b) Township Clayton Primary Registration District No. 3018  
(c) City CLINTON or (d) Street No. General Hospital Clinton St. Registered No. 87  
(e) Length of residence in city or town where death occurred 51 yrs. mos. da. (f) How long in U.S., if of foreign birth? 27 mos. da.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Madeline V. Hughes  
(a) Residence, No. Deepwater Ma. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A M Hughes dead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1865

7. AGE YEARS 77 MONTHS — DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin to Mo

FATHER 13. NAME J. M. Lipscomb  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Lylene Strickland  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Russell Brandell  
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 4-5-42

19. FUNERAL DIRECTOR (NAME) Frank Williams  
(ADDRESS) Clinton Mo

20. FILED April 4, 1942 Georgia Kitchen, D.V.  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-42

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1942, to April 3, 1942  
I last saw him alive on April 3, 1942. Death is said to have occurred on the date stated above, at 7:35 PM  
The principal cause of death and related causes of importance were as follows:  
Cerebral Emulsion  
due to fall  
1860  
10  
Date of onset March 31/42

Other contributory causes of importance: None

Name of operation None Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3-31, 1942  
Where did injury occur? Deepwater, May E., Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall down stairs  
Nature of injury Cerebral Emulsion

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) S. B. Hughes, D. M. D.  
(Address) Clinton Mo 4-3-42

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5013-4-19-35 I X 16605

1969

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-42-466

Date Filed 5-6-42

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Fred Wilkerson*

Licensed Embalmer No.

*2478*

P. O. Address

*Clinton 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 this body is not embalmed, above space should be left blank.**