

STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1950

State File No.

No. 300
10.48

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Henry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u> <u>0420</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Lee</u> c. (Last) <u>HUGHES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26, 1950</u>
5. SEX <u>M</u> <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23, 1884</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Ladue, Missouri</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Etter</u>	14. NAME OF HUSBAND OR WIFE <u>Phena Hughes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-20-9774</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phena Hughes Deepwater, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AMYOTROPHIC LATERAL SCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Sept 18, 1950</u> , to <u>Sept 26, 1950</u> , that I last saw the deceased alive on <u>Sept 25, 1950</u> , and that death occurred at <u>3:47 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S.R. Hughes, M.D.</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>9/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Inglewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adkins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutsler Funeral Home</u>		ADDRESS <u>Osceola, Mo.</u>	

THE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED 10/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10/2/50

TOWN		COUNTY	
CITY		STATE	
DECEASED'S NAME		AGE	
SEX		RACE	
MARRIAGE		EDUCATION	
OCCUPATION		MILITARY SERVICE	
USUAL OCCUPATION		MILITARY SERVICE	
PLACE OF BIRTH		CITY	
COUNTRY		STATE	
ADDRESS		CITY	
CITY		STATE	
CITY		STATE	
CITY		STATE	

DEC 5 1950

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

or working under my personal supervision.

Student Embalmer No.

Student _____
 Student-Embalmer

Signed *Charles H. Hutsler Jr.*
 Charles H. Hutsler Jr.
 Licensed Embalmer No. # 5029

P. O. Address _____
 _____ 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, fact should be so stated above.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED