

FILED SEP 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. **31606**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **204**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton General Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.		d. STREET ADDRESS (If rural, give location) 203 S Washington	

3. NAME OF DECEASED (Type or Print) WYCLIFFE	a. (First)	b. (Middle) CALVIN	c. (Last) HUGHES	4. DATE OF DEATH Sept. 21 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 28 1882	9. AGE (In years last birthday) 71	# UNDER 1 YEAR 4	TEAR 23	# UNDER 100 Hrs. 0	Mth. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY labor	11. BIRTHPLACE (City and State or Foreign Country) Evansburg Pa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John C. Hughes	13b. MOTHER'S MAIDEN NAME Hannah Jones	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Dorothy Land Clinton Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Splenomegaly with Anemia		7 years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of liver		4 years.
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	5810	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 5, 1953**, to **Sept 20, 1953**, that I last saw the deceased alive on **Sept 20, 1953** and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Hallenquist	(Degree or title) M.D. Clinton Mo.	23b. ADDRESS	23c. DATE SIGNED 9/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/27 1953	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG. Sept 27 53	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Fred Watson	ADDRESS General Home Clinton Mo
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(Licensed Embalmer's Statement on Reverse Side):

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

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

Student Embalmer

Signed _____

F. Lee Schickling

Licensed Embalmer No. *4513*

P. O. Address *Clinton Md*

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.