

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33773**
Registrar's No. **301**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218**

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 OR TOWN WINDSOR		c. CITY OR TOWN CALHOUN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION WINDSOR HOSPITAL		e. STREET ADDRESS (If rural, give location) 0420	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENNIE c. (Last) HUGHES			4. DATE OF DEATH (Month) (Day) (Year) NOV. 5, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL-1-1887
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINEST	11. BIRTHPLACE (City and State or Foreign Country) Calaway, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM HUGHES		13b. MOTHER'S MAIDEN NAME OSSEBILA BENNIE	14. NAME OF HUSBAND OR WIFE DOLLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-058-162	17. INFORMANT'S SIGNATURE OR NAME William P. Hughes ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 1, 1956 , to Nov 5, 1956 , that I last saw the deceased alive on Nov 5, 1956 , and that death occurred at 4:25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Ray B Jordan M.D. (Degree or title)		23b. ADDRESS Windsor Mo	
23c. DATE SIGNED 11-5-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 7-1956	
24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery		24d. LOCATION (City, town, or county) (State) Calhoun Mo	
DATE REC'D BY LOCAL REG. 11-7-56		REGISTRAR'S SIGNATURE Mildred Bigum	
25. FUNERAL DIRECTOR'S SIGNATURE Housey Funeral Home		ADDRESS Calhoun Mo	

0420

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

526

MAR 6 1957

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..... *Robert L. Downing*

Licensed Embalmer No. *4710*

P. O. Address. *Clinton*

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.