

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005319

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 33

300
-57

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Windsor</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <u>Windsor</u> <u>680</u> <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. F. D #4</u> <small>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maggie Steiner Hughes</u>			4. DATE OF DEATH Month Day Year <u>January 31, 1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-1873</u>
9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Birthdays) <u>85</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Steiner</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Foster</u>	14. NAME OF HUSBAND OR WIFE <u>W.D. Hughes</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Eldred Hughes Windsor, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>481X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive cardio-vascular disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Nov. 1957</u> to <u>Jan 31, 1959</u> and last saw her alive on <u>31 Jan 1959</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>William J. Smith M.D. Windsor, Mo.</u>		22b. ADDRESS <u>Windsor, Mo.</u>	22c. DATE SIGNED <u>2/2/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-2-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ellis Huston Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 24 1959

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 *Clifford Gouge*
Licensed Embalmer No. *5014*
P. O. Address *Windsor, 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.