

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042747

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 111

FILED DEC 3 1963

1. PLACE OF DEATH

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Fairfax

Length of stay in 1b
8 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Fairfax Community

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Holt

c. CITY
OR TOWN Oregon (rural)

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Nellie

Leoti

Hughes

4. DATE OF DEATH

Month November

Day

Year

1963

5. SEX

F

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/28/95

9. AGE (last birthday)

68

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Holt County

11. BIRTHPLACE (City and state or country)

USA

13a. FATHER'S NAME

Marion Lunley

13b. MOTHER'S MAIDEN NAME

Lucy Stone

14. NAME OF HUSBAND OR WIFE

Fred Hughes

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.

493-38-9695

17. INFORMANT

Mrs. Essie Kunkel

Address

Oregon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Cerebral anoxia
Cardiac arrest
Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

1 min.
1 min.
1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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
s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 1960 to Nov. 26, 1963 and last saw her alive on Nov. 26, 1963
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Humphrey M.D.

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

11/29/63

23a. BURIAL, CREMATION, OR REMOVAL FROM BODY

23b. DATE 11/28/63

23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

23d. LOCATION (City, town, or county) Oregon

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mound City, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 30, 1963

26. REGISTRAR'S SIGNATURE

Harwin H. Scholes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10030

20440-

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9331x

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12 1-0

13 1-0

DEC 10 1963

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 James H. Sanford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.