

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0041019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 319

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0421

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 4 1966		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b OR TOWN <u>6 weeks</u>		c. CITY OR TOWN <u>Windsor</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>700 S. Tebo</u>	
3. NAME OF DECEASED (Type or print)		First <u>Bryan</u> Middle <u>Bland</u> Last <u>Hughes</u>		4. DATE OF DEATH Month <u>October</u> Day <u>31</u> Year <u>1966</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>2-17-1896</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	
13a. FATHER'S NAME <u>George T. Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Sapp</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Acker Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>495-40-4743A</u>		17. INFORMANT <u>Mrs. Mary Hughes, Windsor, Mo.</u> Address	
B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Medullary infarction</u>		DUE TO (b) <u>Coronary heart failure</u>		<u>month</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Coronary artery disease</u>				<u>4-20</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c): <u>Ulcerative Colitis & Ectopic Intest</u>		PART III. If deceased was female was there a pregnancy in last 90 days.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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>4/1/66</u> to <u>10/31/66</u> and last saw her/him alive on <u>10/31/66</u>		Death occurred at <u>11:55 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James C. Clouse Do</u>		22b. ADDRESS <u>105 E. Ohio Clinton, Mo</u>		22c. DATE SIGNED <u>11/3/66</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 3, 1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery Windsor Missouri</u>	
23d. LOCATION (City, town, or county)		24. FUNERAL DIRECTOR <u>Clifford Gouge, Windsor, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 8, 1966</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Biguns</u>					

USE BLACK INK OR TYPEWRITER RIBBON

JUN 1966

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.