

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27516

BIRTH NO. 124 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5750 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - ST. FRANCIS)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PERRYVILLE	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) WEST ST. JOSEPH ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 miles Southwest of Fredericktown			

3. NAME OF DECEASED (Type or Print)	a. (First) MARTIN	b. (Middle) JOSEPH	c. (Last) MCHUGH	4. DATE OF DEATH (Month) (Day) (Year) August 15, 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 27, 1926	9. AGE (In years last birthday) 24	If UNDER 1 YEAR: Months Days	If UNDER 14 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVINITY STUDENT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) CHICAGO ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME PATRICK JOSEPH MCHUGH	13b. MOTHER'S MAIDEN NAME MARY J. CONWAY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PATRICK J. MCHUGH, 6952 So. Park, Chicago, Ill.	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident of drowning		INTERVAL BETWEEN ONSET AND DEATH 8:50 22
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. FRANCIS, Madison, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 15, 1950 3:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? turned over in boat

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Datin, Jr., Coroner of Madison Co. Mo.	23b. ADDRESS Fredericktown, Mo.	23c. DATE SIGNED 8-18-50
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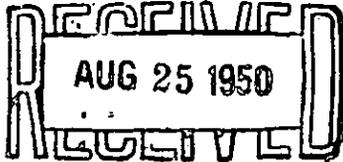
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-22-50	24c. NAME OF CEMETERY OR CREMATORY HOLY SEPULCHRE CEM	24d. LOCATION (City, town, or county) (State) CHICAGO ILLINOIS
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DATE REC'D BY LOCAL REG. 8-18-1950	REGISTRAR'S SIGNATURE Theresa W. Vicks	25. FUNERAL DIRECTOR'S SIGNATURE Sam Datin, Jr., Fredericktown, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 850-16

SEP 12 1950

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 _____

Sam Payne, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.