

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38438**

FILED NOV 24 1952

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry			
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 19 years		c. CITY OR TOWN Clinton		0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 E. Jefferson				d. STREET ADDRESS (If rural, give location) 519 E. Jefferson St.			
3. NAME OF DECEASED (Type or Print) ROBERT LEE HUGHES			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 21, 1862		9. AGE (16 years last birthday) 89	10. MONTHS 1	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Versailles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Hughes		13b. MOTHER'S MAIDEN NAME Margaret Murray		14. NAME OF HUSBAND OR WIFE Alice F. Hughes			
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 Mrs. Alice Hughes ADDRESS Clinton, Mo.				
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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage	DUE TO (b) Ruptured gastric vessel						2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Chronic hypertensive arthritis						15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION:						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 6	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) None	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 1945 to Nov 14, 1952 , that I last saw the deceased alive on Nov 14, 1952 , and that death occurred at 2:02 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Phyllis Walker (Degree or title) M.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-16-52	24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cem.		24d. LOCATION (City, town, or county) (State) Montrose, Mo.			
DATE REC'D BY LOCAL REG. Nov-15-52	REGISTRAR'S SIGNATURE Florence		25. FUNERAL DIRECTOR'S SIGNATURE Adair H. Vassant		ADDRESS Clinton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

22
422
1

OCT 23 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,

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

H. J. Vansant

Licensed Embalmer No.

3779

P.O. Address

Clinton, 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.