

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26905

State File No. _____

No. 300
10.48

FILED JAN 30 1954

BIRTH NO. aug REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5464 Registrar's No. 815

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Willard, Mo</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Willard.</u>		<u>0390</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Family Home</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles South of Willard</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>E.</u> c. (Last) <u>Hughes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 22, 1878</u>		9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Near Willard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	<u>0</u>

13a. FATHER'S NAME <u>Gilbert E. Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Renshaw</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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'S SIGNATURE OR NAME <u>Miss Laura L. Hughes, Willard, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE OF (b) <u>Vascular Sclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (M.)		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 Aug 26, 1954 to Aug 26, 1954 that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Williams</u> (Degree or title)		23b. ADDRESS <u>Greenwood-Windle, Willard, Mo.</u>		23c. DATE SIGNED <u>8/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Greene Co., Missouri</u>					

DATE REC'D BY LOCAL REG. <u>8-27-54</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Greenwood-Windle, Willard, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Relz

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.