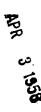
	THE DIVISION OF HE	ALTH OF MISSOURI		40000
FILED APR 26 1958	STANDARD CERTIF	ICATE OF DEATH	State File No	12968
BIRTH NO.	• 4 4 -	PRIMARY REG. DIST. NO.	602 / Registrar's No.	24
1. PLACE OF DEATH a. COUNTY Ray		a. STATE Missouri	E (Where deceased lived. If inc. b. COUNTY F	titution: residence before
b. CITY (If outside corporate limits, write to CR TOWN RURAL, Grape Gr	RURAL and give C. LENGTH OF STAY (in this place) 54 Vrs.	. ∩p.	limits, write RURAL and give town Grape Grove Twn.	
d. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION		d. STREET (11 ADDRESS	rural, give location)	0
3. NAME OF a. (First) DECEASED (Type or Print) El4 zabeth	b. (Middle)	c. (Last) Hughes	4. DATE (Month) OF DEATH A pril	(Day) (Year) 9, 1955
5. SEX / 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WI dow	8. DATE OF BIRTH	9. AGE (In years of DECER last birthday) Months 90 yrs	I YEAR IF UNDER M HIS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or for Llansanan,	elgn country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIF	E
Tudor Hughes	Barbara		deceased	
15. WAS DECEASED EVER IN U.S. ARMED (You, no, or unknown) (If you, give war or date no no		17. INFORMANT'S S Miss Katie H		ADDRESS Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	CONDITION MEDICAL CONDITION OING TO DEATH*(a)	ertification en Enum	me	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Tise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 lage
-19a. DATE OF OPERA-	DINGS OF OPERATION	1. 19. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	480X	YES NO A
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, atreet, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	NSHIP) (COUNTY)	(STATE)
21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended alive on ?	the deceased from	1947, to 240 11:05 pm. Mfrom the ca	• 9, 19 1, that I las	
23a. SIGNATURE Gredle	(Degree or title)	23b. ADDRESS	r, Mo 17 - 2, 74 17 1	23c. DATE SIGNED 4-11-55
24s. BURIAL, CREMA 24b. DATE TION, REMOVAL (Speeds) 4-12-55	24c. NAME OF CEMETER Plymouth Cem		LOCATION (City, town, or cour beaymer, Mo.	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE 273	25. FUNERAL DIRECTOR'		ymer, Mo
	(Licensed Embalmer's S	tatement on Reverse Side)	12. 17 H	



STATEMENT BY LICENSED EMBALMER

1	I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
	Student Embalaer No.

working under my personal supervision,

2801 Licensed Embalmer No Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.