

No. 300
10.48

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42609

State File No.

BIRTH NO. ... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) North Whitmer Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Whitmer Street			

3. NAME OF DECEASED (Type or Print) OTIS HUGHES	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Dec. 7, 1951
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR 4 Days	IF UNDER 24 HRS. 25 Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Hughes	13b. MOTHER'S MAIDEN NAME Belle Wigginton	14. NAME OF HUSBAND OR WIFE Vienna Vaughn Hughes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-01-4663	17. INFORMANT'S SIGNATURE OR NAME Vienna Hughes, Richmond, Missouri	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, asthenia, 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) Cerebral Hemorrhage		5 days
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chemic Poisoning DUE TO (c)		3 days
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 2, 1951, to Dec 7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. E. Q. Remm M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 12/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-1951	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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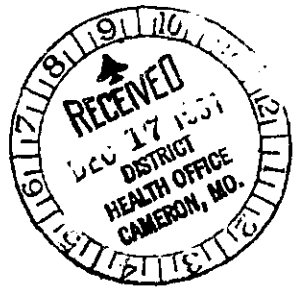
DATE REC'D BY LOCAL REG. Dec 7-1951	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Dec. 12. 1951

DEC 20 1951



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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.