

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

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

**FILED APR 11 1949**

State File No. **9626**

BIRTH NO. _____		REG. DIST. NO. <b>296</b> - PRIMARY REG. DIST. NO. <b>6019</b>		Registrar's No. <b>2</b>	
1. PLACE OF DEATH a. COUNTY <b>Ray</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural ORRICK</b>		c. LENGTH OF STAY (in this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ray</b>		d. STREET ADDRESS (If rural, give location) <b>Rt #1 - Orrick, Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>NEWTON</b>	c. (Last) <b>HUGHES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 2, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH <b>Aug 22-1861</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>George Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Hughes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel McKissack Orrick</b> ADDRESS <b>Orriek, Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Intestinal Definitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
			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. <b>5947</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		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 <b>4-2-</b> , 1948, to <b>1-1-</b> , 1949, that I last saw the deceased alive on <b>1-1-</b> , 1949, and that death occurred at <b>5:00 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Vigil E. Chalmers, M.D.</b>			23b. ADDRESS <b>Orrick, Mo.</b>		23c. DATE SIGNED <b>1-3-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>1-4-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rifle</b>	24d. LOCATION (City, town, or county) (State) <b>Ray Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-3-49</b>		REGISTRAR'S SIGNATURE <b>Helen J. Larkin</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>	ADDRESS <b>Orrick, Mo.</b>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-8-49.....

**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.....

working under my personal supervision.

*Self*

Student Embalmer No. ....

Signed.....

*Victor E. Jaminger*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*2896*

P. O. Address.....

*Liberty, Mo.*

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

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