

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0019935

DEPARTMENT OF PUBLIC HEALTH AND SAFETY

Registration District No. 3046

Primary Registration District No. 38

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0681

2 0681

3 1

4 0

5 1

6

7 0

8 2

9 2043

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Monteau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

California

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Latham Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Monteau

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

California

d. STREET ADDRESS

102 N. Oak

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

PAUL

WALTER

HUG

## 4. DATE OF DEATH

Month

Day

Year

June

2

1964

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-23-1893

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days Hours Min.

10 9

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Doctor of Chiropractic

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Franklin Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Zachary Hug

## 13b. MOTHER'S MAIDEN NAME

Carolyn Blatch

## 14. NAME OF HUSBAND OR WIFE

Marcella Ott

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes World War no. I

## 16. SOCIAL SECURITY NO.

490-44-0692

## 17. INFORMANT

Mrs Paul Hug

## Address

California Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

acute lymphocytic leukemia

## INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

5-18-64

to 6-2-64

and last saw her alive on 6-2-64

## Death occurred at

11:51

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Kerrin Latham M.D.

## 22b. ADDRESS

California, Mo.

## 22c. DATE SIGNED

6-3-64

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

6-5-1964

## 23c. NAME OF CEMETERY OR CREMATORY

Masonic

## 23d. LOCATION (City, town, or county)

California

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

A. E. Wilson

California Mo.

## 25. DATE RECD. BY LOCAL REG.

6/5/1964

## 26. REGISTRAR'S SIGNATURE

Helen L. Pappey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2357

P. O. Address California 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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