

STATE FILE NUMBER

FILED JUL 22 1957

## STANDARD CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		c. CITY OR TOWN <u>California</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Halls Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>2688</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JEPHTHAH</u> Middle <u>GRANT</u> Last <u>HUGHES</u>		4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1957</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <u>Feb 10 - 1865</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> Hours <u></u> Min. <u></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 <u>Clarksburg Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Clarksburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Jefferson Hughes</u>		14. MOTHER'S MAIDEN NAME <u>Israh Elizabeth Meyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT <u>Evert Hughes</u>		Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>and Cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>5 + years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>California</u>	
20e. CITY, TOWN, OR LOCATION <u>Moniteau</u>		20f. COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>6-7-57</u> to <u>7-9-57</u> and last saw her alive on <u>9-9-57</u> Death occurred at <u>6</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. B. Aulbe, M.D.</u> (Degree or title) 22b. ADDRESS <u>California</u> 22c. DATE SIGNED <u>7-13-57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-12-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>California</u> <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>		25. DATE RECD. BY LOCAL REG. <u>7-14-57</u>	
26. REGISTRAR'S SIGNATURE <u>Helin L. Papigay</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

*Hugh E. Williams*

Licensed Embalmer No... 35

P. O. Address... *Calypso*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.