STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

14055757

FILING DATE 08/11/2020

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-2020-020876

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. GENDER	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
RUBEN C HUGHES	MALE	13:07	08/06/2020

4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

☐ White ☒ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ Guamanian or Chamorro

☐ Other Asian (Specify) _____ ☐ Other Pacific Islander (Specify) _____

☐ American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ ☐ Other (Specify) _____

5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR 5b. MOS	5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTH PLACE (State or Foreign Country)
81 Years					09/09/1938	MISSISSIPPI

8. PLACE OF DEATH (Check only one box)

IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____

9a. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. ZIP CODE	9d. COUNTY OF DEATH
GREENWOOD LEFLORE HOSPITAL (42G)	GREENWOOD	38930	LEFLORE

10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death.

☐ 8th grade or less ☐ 9th - 12th grade, no diploma ☐ High school graduate or GED completed ☒ Some college, no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS)

☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) ☐ Unknown

11. MARITAL STATUS AT TIME OF DEATH	12. SURVIVING SPOUSE (give legal name prior to first marriage)	13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	MAXINE DENHAM	NO

14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.

☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino, (Specify) _____

15. SOCIAL SECURITY NUMBER	16a. USUAL OCCUPATION (Kind of work done most of working life)	16b. KIND OF BUSINESS OR INDUSTRY
478-44-7750	BUSINESS OWNER	

17a. RESIDENCE - STATE	17b. COUNTY	17c. CITY OR TOWN	17d. ZIP CODE	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)	17f. INSIDE CITY LIMITS (Yes or No)
MISSISSIPPI	LEFLORE	GREENWOOD	38930	203 CANARY COVE	NO

18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)
JOHN HUGHES	ETHEL BODY

20a. INFORMANT - NAME (Type or print)	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
MAXINE HUGHES	WIFE	P O BOX 1801 GREENWOOD, MS 38935

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.)	21b. CEMETERY/CREMATORY - NAME	21c. LOCATION (City and State)	22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER
BURIAL	LOVELADY CEMETERY	FOREST, MS	ELECTRONICALLY SIGNED BY EVA M. WILLIAMS FD-1523

22b. FUNERAL HOME (Who first assumed custody of body)	22c. FUNERAL HOME LICENSE NUMBER	22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
CENTURY FUNERAL HOME GREENWOOD (42C)	FE 311	P O BOX 593, GREENWOOD, MS 38930
22e. FUNERAL HOME (If body was transferred prior to disposition)		22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)

23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)	23b. PRONOUNCED DEAD (Month, Day, Year)	23c. PRONOUNCED DEAD (Time)
NIROJ BHATTARAI	ON 08/06/2020	AT 13:07

24a. NAME OF CERTIFIER (Type or print)	24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
NIROJ BHATTARAI	P O BOX 1410, GREENWOOD, MS 38930

This section to be completed by Physician or State Medical Examiner

25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ELECTRONICALLY SIGNED BY

SIGNATURE ▸ NIROJ BHATTARAI, MD MD/DO

25b. TITLE

25c. DATE SIGNED (Month, Day, Year) 08/10/2020

25d. STATE LICENSE NUMBER 27861

This section to be completed by County Coroner

25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.

SIGNATURE ▸

25f. TITLE

25g. DATE SIGNED (Month, Day, Year)

26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.

		Interval between onset and death
IMMEDIATE CAUSE (final disease or condition resulting in death)	(a) CARDIAC ARREST	20 MINUTES
Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) HCAP	
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) ESRD	
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)	

27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

28a. POSTMORTEM EXAMINATION? (Yes or No)	28b. POSTMORTEM EXAMINATION FINDINGS AVAILABLE? (Yes or No)	29. REFERRED TO STATE MEDICAL EXAMINER? (Yes or No)
NO	NO	

30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

31. IF FEMALE, ☐ NOT pregnant within the past year ☐ PREGNANT at the time of death ☐ Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH ☐ Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH ☐ Unknown if pregnant within the past year

This section MUST be completed if Death NOT due to natural causes

32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

32e. IF TRANSPORTATION INJURY, SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town	State

Mississippi State Department of Health Revised 04/01/2019 Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

8/19/2020 Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.