

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18450

State File No.

FILED JUL 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAVETTE</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY OR TOWN <u>WAUKENDA</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEE HOSPITAL</u>				No. STREET ADDRESS (If rural, give location) <u>0170 / 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>C.</u>			c. (Last) <u>HUSTEDDE</u>	
4. DATE OF DEATH <u>June 21, 1955</u>				5. SEX <u>MALE</u>			
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 9, 1873</u>		9. AGE (In years, months, days, hours, min.) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hustedde</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Fremont</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Eugene Hustedde Fayette Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Ms. Eugene Hustedde Fayette Mo.</u>			
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) <u>Nervous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>Unknown</u>	
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) (Min.)		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 <u>6-16</u> , 19 <u>55</u> , to <u>June 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm J. Shaw M.D.</u>				23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>6-23-55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial June 23 1955</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>		24d. LOCATION (City, town, or county) (State) <u>West Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>435 Shell Audley</u>		ADDRESS <u>Fremont Glasgow Mo.</u>	

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

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 *W. J. [unclear]*
Licensed Embalmer No. *39*
P. O. Address *Glasgow*

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.