

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12157

State File No. _____

Registration District No. 235

Primary Registration District No. 3034

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
902 No Morley
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 902 No Morley
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Everett D. Huston 235
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 29th
 year 1940 hour 11 minute 20 AM.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 3rd 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15, 1939 to Feb 29th, 1940
 that I last saw him alive on Feb. 29th, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 7 24 _____ hr. _____ min.

Immediate cause of death: Cancer of Larynx & Throat Duration 3 yrs

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo. D.

Due to _____
 Due to _____

10. Usual occupation Salesman

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Loans & Insurance

MOTHER FATHER
 { 12. Name John J. Huston
 { 13. Birthplace _____
(City, town, or county) (State or foreign country) Mo. D.
 { 14. Maiden name Mrs. M. J. Turner
 { 15. Birthplace _____
(City, town, or county) (State or foreign country) Mo. D.

Major findings:
 Of operations none
 Of autopsy none

16. (a) Informant's own signature Mrs. H. T. Engle
 (b) Address Moberly, Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work? (b) Means of injury _____

17. (a) _____ (b) Date thereof Feb 15th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ash. Mo

18. (a) Signature of funeral director Mahan & Son
 (b) Address Moberly
 19. (a) Mar. 1-1940 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Moberly Mo Date signed 3-1-1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4-6
RECEIVED

District Health Officer No. 10

District File Number 4-40-906

Date Filed APR 16 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 12157

Registration District No. 735-

Primary Registration District No. 3034

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Robbery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Everett Huston

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 24 If less than one day by..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Feb day 29
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of liver and stomach

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature D. O. Ash (M. D. or other)

Address Robbery Mo. Date signed.....

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1940
S-12157