

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3111
Registrar's No. _____

Registration District No. 449

Primary Registration District No. 4267

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WM GARFIELD HUETSON

8. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH COOK 6. (c) Age of husband or wife If alive 61 years
7. Birth date of deceased SEPT 26 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 27 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____
12. Name F. G. HUETSON
13. Birthplace LONDON ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name ISOBEL F. POLK
15. Birthplace FAIRDERRY ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Edith Huetson
(b) Address Lebanon Mo

17. (a) BURIAL (b) Date thereof 1 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON

19. (a) 1-27-41 (b) J. A. McComb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23rd
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Jan 23, 1941;
that I last saw him alive on Jan 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

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? _____

23. Signature J. A. McComb (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address Lebanon Mo (M. D. or other) _____
Date signed 1/24/41

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

RECEIVED

District Health Officer No. 7,

District No. 3-41-375

Date Filed 2-13-41

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 Bob Baker

Licensed Embalmer No. 1161

P. O. Address Lorain, 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.