

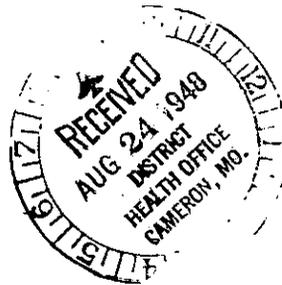
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27352
Registrar's No. 12

FILED AUG 27 1949

BIRTH NO.		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>3684</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Clay)</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Clay)</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles N.W. of Linn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Huyster</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15, 1949</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>Aug 20, 1874</u>		9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Huyster</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Sharp</u>			
14. NAME OF HUSBAND OR WIFE <u>Jessie Huyster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Leon Binkley, Linn, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>according to information given by family</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Family</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</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) <u>Clay Linn Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 15 - 49 5³⁰ a.m.</u>		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>Called</u> to <u>Coroner</u> , that I last saw the deceased alive on <u>Aug 15, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dale Bunch, Coroner</u>				23b. ADDRESS <u>Marceline Mo</u>		23c. DATE SIGNED <u>Aug 15 - 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>			
DATE REC'D BY LOCAL REG <u>Aug 18 - 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butcher Funeral Home</u>		ADDRESS <u>Linn, 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

Student Embalmer

Signed WR Wright

Licensed Embalmer No. 4566

P. O. Address Laclede, 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, fact should be so stated above.