

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4307

BIRTH NO. 6807-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 36

264  
0

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

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>  |  |
| b. CITY OR TOWN <u>Jefferson City, Mo.</u>  | c. LENGTH OF STAY at this place <u>1 hour</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>  |   | d. STREET ADDRESS (If rural, give location) <u>414 Vista 0</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>INFANT HUBER</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u>  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>  | 8. DATE OF BIRTH <u>Feb 15, 1950</u>                               |
| 9. AGE (In years last birthday) <u>0</u>  |   | 10. MONTHS <u>0</u>   | 11. DAYS <u>0</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>Joseph Huber</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Catherine Hope</u>   |   | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Huber J.C. Mo</u>      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congenital Deformity</u><br><br>ANTECEDENT CAUSES<br><u>of fracture, double cleft palate &amp; lip, large</u><br><u>ophthalmic, sprains</u><br><u>gestation</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 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 (See 19a or about home, farm, factory, street, office bldg., etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>755A</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |   | 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>2-15-1950</u> , to <u>2-15-1950</u> , that I last saw the deceased alive on <u>2-15-1950</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.  |  |
| 23a. SIGNATURE <u>J. W. Queman</u> (Degree or title)  |   | 23b. ADDRESS <u>Jefferson City, Mo</u>  |  |
| 23c. DATE SIGNED <u>2/15/50</u>   |   | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  |
| 24b. DATE <u>Feb. 16, 1950</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Westphalia</u>  |  |
| 24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sehvester Dubb.</u> ADDRESS <u>J.C. Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>Feb 17-1950</u>   |   | REGISTRAR'S SIGNATURE <u>R.P. Darris MD-719</u>   |  |

-----District File Number-----

District Health Officer No. 9,

RECEIVED FEB 21 1950

**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 *Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City 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.