

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12543

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp</u>		c. LENGTH OF STAY (In this place) <u>57 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp. 0370</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Owensville, Route</u>			

3. NAME OF DECEASED (Type or Print) <u>Paul Frederick Huebner</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 23, 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Himself</u>	11. BIRTHPLACE (State or foreign country) <u>Rexine Pommern Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Karl Huebner</u>	13b. MOTHER'S MAIDEN NAME <u>-- Schosck</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Drusch Huebner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Huebner</u>	ADDRESS <u>Owensville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>491X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-31, 1950, to 4-7, 1950, that I last saw the deceased alive on 4-6, 1950, and that death occurred at 3:00pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. A. Bradley, M.D.</u>	23b. ADDRESS <u>Owensville Mo</u>	23c. DATE SIGNED <u>4-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rem. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Dorothy Lockman</u>	363	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin N.H. Winters</u>	ADDRESS <u>OWENSVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0370

District File Number _____
District Health Officer No. 91
RECEIVED 4-24-50

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 Me

Student Embalmer No. _____

working under my personal supervision.

Signed Melvin H N Winter

Signed _____
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address OWENS HILLE

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.