

FILED JUN 10 1950

STANDARD CERTIFICATE OF DEATH

16362

State File No.

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY FRANKLIN b. CITY OR TOWN Villa Ridge c. LENGTH OF STAY (in this place) RR d. FULL NAME OF HOSPITAL OR INSTITUTION. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin c. CITY OR TOWN Villa Ridge 0360 d. STREET ADDRESS (If rural, give location) R.R.

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) HUELLING c. (Last) HOFF 4. DATE OF DEATH (Month) (Day) (Year) June 1st 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH October 3rd 1933 9. AGE (In years last birthday) 16 10. MONTHS 7 11. DAYS 28 12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farm work 10b. KIND OF BUSINESS OR INDUSTRY Milk Truck Driver 11. BIRTHPLACE (State or foreign country) Union Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John E. Huellinghoff 13b. MOTHER'S MAIDEN NAME Rosa Kunsrad 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Huellinghoff, Villa Ridge, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally, Struck By Rocker on Freight Train # 450 West of Villa Ridge, Mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Neck and Skull & Left Knee II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Boles Park Franklin 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6:10 9:30 AM 21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR? Accidentally Struck By Train

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. P. Hoffman, Coroner 23b. ADDRESS Sullivan Mo 23c. DATE SIGNED 6/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/5/1950 24c. NAME OF CEMETERY OR CREMATORY St. John 24d. LOCATION (City, town, or county) (State) Gildehaus Mo.

DATE REC'D BY LOCAL REG. June 2-1950 REGISTRAR'S SIGNATURE F.T. Cooper, E.F.C. 98 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.F. Ottmann Union, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300 10.48 0360

RECEIVED
JUN 9 1950
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed E. F. Oltman

Licensed Embalmer No. 1686

P. O. Address Wesley

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.