

FILED OCT 10 1950

STANDARD CERTIFICATE OF DEATH

31055

State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 33

630

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

1. PLACE OF DEATH a. COUNTY <u>Maries</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp.</u>		d
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lanes Prairie, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Lanes Prairie, Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hermena</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Huebner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1950</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 13, 1870</u>	9. AGE (In years last birthday) <u>80</u> # UNDER 1 YEAR Months <u>0</u> # UNDER 1 HR. Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>***</u>	11. BIRTHPLACE (State or foreign country) <u>Pomerania, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Johannes Dehn</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Marczinske</u>	14. NAME OF HUSBAND OR WIFE <u>Edward John Huebner</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>***</u>	16. SOCIAL SECURITY NO. <u>***</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Huebner Belle, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized metastases</u> DUE TO (c) <u>carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
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19a. DATE OF OPERATION <u>none</u>	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) <u>none</u>	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 July 15, 1950, to Sept. 18, 1950, that I last saw the deceased alive on Sept. 14, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Burtles M.D.</u>	23b. ADDRESS <u>St. James, Missouri</u>	23c. DATE SIGNED <u>9/19/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ev. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bem, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>9-25-50</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	188	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesford H.H. White</u>	ADDRESS <u>OWENSVILLE</u>	
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(Licensed Embalmers' Statement on Reverse Side)

File No. _____

DISTRICT HEALTH OFFICE No. 4

OCT - 4 1950

RECEIVED

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Malford H. H. Winter
Licensed Embalmer No. 3838

P. O. Address OWENSVILLE MA

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.