

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36036

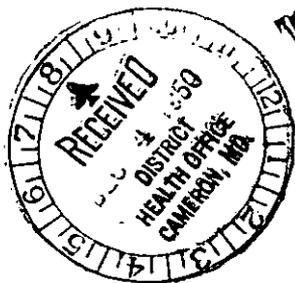
5016 State File No. 5019 Registrar's No. 487

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5019</u>		Registrar's No. <u>487</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural: Monroe</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Rochester</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. S. 2 Mi. E. of Avenue City</u>				d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles N.E. of Cosby, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Clarence</u>		c. (Last) <u>Huber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1950</u>	
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>Oct. 15, 1917</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Troy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin P. Huber</u>			13b. MOTHER'S MAIDEN NAME <u>Mary O. Herring</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W. II</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hilda Huber, Cosby, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Fractures</u> DUE TO (c) <u>Fall from tree</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>89020</u> <u>21</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monroe township Andrew Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 28 1950 7:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>30 foot fall from oak tree</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 28, 1950</u> , to <u>Nov. 28, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Spawell, D.O., Coroner</u>				23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		23c. DATE SIGNED <u>11/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/2/50</u>		REGISTRAR'S SIGNATURE <u>William Spawell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heater-Bowman Funeral Home, St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed William Spedding.....

Licensed Embalmer No. 4535.....

Signed.....
Student Embalmer

P. O. Address 319 S. 10th St. Joseph, 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.