

FILED JAN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1986

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5849 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY Nodaway
 b. CITY (If outside corporate limits, write RURAL and give township) Rural Jefferson Township
 c. LENGTH OF STAY (If this place) _____
 c. CITY (If outside corporate limits, write RURAL and give township) Rural Jefferson
 d. FULL NAME OF HOSPITAL OR INSTITUTION CONCEPTION ABBEY
 d. STREET ADDRESS (If rural, give location) Conception Abbey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY Nodaway
 c. CITY (If outside corporate limits, write RURAL and give township) _____
 d. STREET ADDRESS _____

3. NAME OF DECEASED
 a. (First) GREGORY b. (Middle) _____ c. (Last) HUEGLE
 (Type or Print)

4. DATE OF DEATH JANUARY - 14 - 1951
 (Month) (Day) (Year)

5. SEX MALE 6. COLOR OR RACE White 7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) _____
0

8. DATE OF BIRTH Sept. 10 - 1866 9. AGE (In years last birthday) 84 4 4
 Months Days If under 1 year If under 1 hr.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PIEST 10b. KIND OF BUSINESS OR INDUSTRY _____
0

11. BIRTHPLACE (State or foreign country) GERMANY 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN HUEGLE 13b. MOTHER'S MAIDEN NAME JOHANNA KELLER 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Walter Neaney ADDRESS Conception

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) COMPLETE HEART BLOCK INTERVAL BETWEEN ONSET AND DEATH 2 yrs
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) CORONARY ARTERIOSCLEROSIS 10 yrs
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS 4201 5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

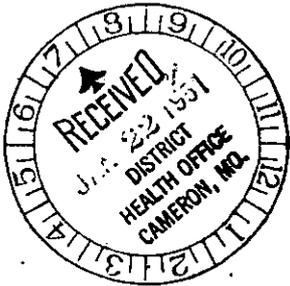
22. I hereby certify that I attended the deceased from MAY 16, 1948, to JAN 14, 1951, that I last saw the deceased alive on JAN. 13, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Kadull (Degree or title) M.D. 23b. ADDRESS Conception J., Mo 23c. DATE SIGNED 1/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 17 - 51 24c. NAME OF CEMETERY OR CREMATORY St. Columba 24d. LOCATION (City, town, or county) (State) Conception Mo

DATE REC'D BY LOCAL REG. Jan 15 - 51 REGISTRAR'S SIGNATURE Mrs. E. G. Crenshaw 25. FUNERAL DIRECTOR'S SIGNATURE Padder & Phillips ADDRESS Conception Mo

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



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.....
Lator F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry, Md

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.