

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17384

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. No. 296		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Walker</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Walker</u>		d. STREET ADDRESS (If rural, give location) <u>Mi. East of California Mo. on Hwy. 50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miles East of California</u>				d. STREET ADDRESS (If rural, give location) <u>Mi. East of California Mo. on Hwy. 50</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>HUFENDICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1951</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>Jan. 11, 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HOURS Days <u>24</u>	IF UNDER 24 HOURS Hours <u>24</u>
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>Stock & grain</u>		11. BIRTHPLACE (State or foreign country) <u>Monteau Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dottier Hufendick</u>			13b. MOTHER'S MAIDEN NAME <u>Anna K. Wellhotten</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Dingsen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hufendick Calif. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis. Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 4</u> , 19 <u>51</u> , to <u>June 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>51</u> , and that death occurred at <u>7 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. P. Burke Jr. M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>June 6, 1951.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>June 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salom Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Monteau Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-7-51</u>		REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California, Mo.</u>	

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

RECEIVED 6-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-13-51

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..... A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.