

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19893  
State File No. 144

FILED JUN 21 1952

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 144

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

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON CITY, Mo</b>		c. COUNTY <b>Osa ge</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LINN, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b>			b. (Middle) <b>T</b>			c. (Last) <b>HUCKSTEP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 17, 1952</b>		
5. SEX <b>MALE 0</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Oct 7th, 1888</b>		9. AGE (In years last birthday) <b>65</b>		10. UNDER 1 YEAR Months <b>7</b> Days <b>10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RTD Veteran &amp; Insurance Agent</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>Linn, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	

13a. FATHER'S NAME <b>J. D. Huckstep</b>			13b. MOTHER'S MAIDEN NAME <b>Mary L. Holliday</b>			14. NAME OF HUSBAND OR WIFE <b>Grace Branson Huckstep</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W W I</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Grace Huckstep, Linn, Mo.</b>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Esophageal auto hemorrhage from Esophageal varicocoses.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hepatic sclerosis</b> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5810</b>						20. AUTOPSY? YES <input checked="" 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?					
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to June 17, 1952, that I last saw the deceased alive on 6-17-52, and that death occurred at 2:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. D. Mc Kally M.D.</b>		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>6-18-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>6/21/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Linn Public</b>		24d. LOCATION (City, town, or county) (State) <b>Linn, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>June 18, 1952</b>		REGISTRAR'S SIGNATURE <b>R. G. Norris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Linn, Mo.</b>	
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OCT 8 1957

JAN 21 1957

W. L. MARTIN

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.

Student .....

Student Embalmer

Signed Vernon M. [Signature]

Licensed Embalmer No. 4125

P. O. Address Linn 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.