

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20505

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2767

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, 8150 | |
| c. LENGTH OF STAY (In this place) 3 Weeks | | d. STREET ADDRESS (If rural, give location) 1119 Riverview | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Hospital K.C.Mo. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Chris b. (Middle) John c. (Last) Huelsman | | | 4. DATE OF DEATH (Month) (Day) (Year) June 15, 1952 | | |
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|-----------------------|----------------------------------|--|--|--|-------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 21, 1889 | 9. AGE (In years last birthday) 62 | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Wilson & Co. | 11. BIRTHPLACE (State or foreign country) Ludlow, Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME John Huelsman | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Madolin E. Huelsman |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 510-05-5287 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Madolin E. Huelsman | ADDRESS K.C.Mo. |
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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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocardial Insufficiency | | 3 hr |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive congestive Peptic ulcer DUE TO (c) Hypertension | | 24 hr |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Saunt | | | 5400 |

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| 19a. DATE OF OPERATION 6-5-52 | 19b. MAJOR FINDINGS OF OPERATION Peptic ulcer | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 5-26, 1952, to 6-15, 1952, that I last saw the deceased alive on 6-14, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE L.J. Graham | (Degree or title) | 23b. ADDRESS 418 Bryant Bldg | 23c. DATE SIGNED 6-17-52 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE 6/17/52 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill | 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| DATE REC'D BY LOCAL REG. 6-17-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Chternacht FUNERAL HOME |
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(Licensed Embalmer's Statement on Reverse Side)

1318 QUINDARO BLVD.
KANSAS CITY 2, KANSAS

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

Dr. Graham

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 *Charles W. S. Sternack*

Licensed Embalmer No. *3035*

P. O. Address *1318 Quindaro St*

St. Louis City, 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.