

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30801

State File No.

DOCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1045

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 3006 Angelique St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Joseph's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Anthony c. (Last) Huebner.			4. DATE OF DEATH (Month) (Day) (Year) 10 4 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Feb. 20, 1893.	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1st Asst. Chief City Fire Dept.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
					12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Gottlieb Huebner.		13b. MOTHER'S MAIDEN NAME Rosie Stick.		14. NAME OF HUSBAND OR WIFE Lottie A. Huebner.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.# 1		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie A. Huebner 3006 Angelique	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Chronic Coronary Sclerosis rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man Collapsed and died.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION suddenly while fighting a fire. He had previously complained of some pains in his chest.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 47-01	

22. I hereby certify that I ~~attested~~ ^{viewed} the deceased on 10/4, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)		23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 10/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet.	24d. LOCATION (City, town, or county) (State) St Joseph, Mo.	

DATE REC'D BY LOCAL REG. Oct 8, 1952	REGISTRAR'S SIGNATURE Carl C. Caser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Sidon (fun) 1802 Union St
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
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OCT 16 1952

NOV 26 1952

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 Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address 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.