

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32594**

FILED OCT 7 1952

BIRTH NO. _____ REG. DIST. NO. **284** PRIMARY REG. DIST. NO. **3056** Registrar's No. **230**

0883

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (If in place) 4 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holiday R.R. #1		d. STREET ADDRESS 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 1/2 S. Moberly		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED a. (First) Loetia b. (Middle) _____ c. (Last) Huss		4. DATE OF DEATH (Month) (Day) (Year) 10-1-1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20-1885
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 4 Days 11 IF UNDER 4 HRS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nathaniel DeLumo	
13b. MOTHER'S MAIDEN NAME Sarah W. DeLumo		14. NAME OF HUSBAND OR WIFE Henry Huss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Huss		ADDRESS Holiday, Mo.	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a shock of hearing of a friend death DUE TO (c) _____ 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 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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) (Min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas E. Banner		23b. ADDRESS Corner Moberly, Mo.	
23c. DATE SIGNED Oct-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-4-1952	
24c. NAME OF CEMETERY OR CREMATORY L.O.O.F.		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.	
DATE REC'D BY LOCAL REG. 10/4/52		REGISTRAR'S SIGNATURE Leola E. Blair	
25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Hopkins		ADDRESS Shelbina, Mo.	

JAN 9 1953

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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelburne, 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.