

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39223

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
c. LENGTH OF STAY (In this place) 7 Mos.		d. STREET ADDRESS (If rural, give location) Bold Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) Huskey			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31-1872	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Ry. Shops	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Susie Huskey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clude Huskey - De Soto 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By suffocation in fire ANTECEDENT CAUSES At Cedar Grove Nursing Home DUE TO (b) Hillsboro Mo DUE TO (c) Hillsboro Mo II. OTHER SIGNIFICANT CONDITIONS E9167 40 Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Mo		
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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Long Coroner		23b. ADDRESS RR. 1 De Soto Mo		23c. DATE SIGNED 11/1/52	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-52		24c. NAME OF CEMETERY OR CREMATORY City	
24d. LOCATION (City, town, or county) (State) De Soto, Mo.					

DATE REC'D BY LOCAL REG. 11-1-52		REGISTRAR'S SIGNATURE Kathleen Marsden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS See Mathusheol De Soto Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5004

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 14 1952

DEC 11 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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.