

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 693 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>9972-99</u>		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		d. STREET ADDRESS (If rural, give location) <u>6162 Etzel Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gealdin</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>Huber</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11-10-1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 5 1932</u>	9. AGE (In years last birthday) <u>14</u>	# UNDER 1 YEAR <u>0</u>	1 YEAR <u>5</u>	# UNDER 12 HRS. <u></u>	12 HRS. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Mike Huber</u>	13b. MOTHER'S MAIDEN NAME <u>Nelson Huber</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State School Records</u>	ADDRESS <u>Marshall Mo</u>
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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) <u>Pulmonary Tuberculosis</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Idiot</u>			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
		<u>002X</u>

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? <u>—</u>
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22. I hereby certify that I attended the deceased from Nov 6, 1962, to Nov 10, 1962, that I last saw the deceased alive on Nov 10, 1962, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. Dawson M.D.</u>	23b. ADDRESS <u>Mo State School</u>	23c. DATE SIGNED <u>11-10-62</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Dept - Columbia, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Nov. 13, 1952</u>	REGISTRAR'S SIGNATURE <u>Bridney T Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney</u>	ADDRESS <u>Marshall Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0970

**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.....

*J Leslie Swannery*

Licensed Embalmer No. *3235*

P. O. Address *Marshall, Va*

**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.