

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Montgomery

3. NAME OF DECEASED (Type or Print)  
a. (First) John b. (Middle) George c. (Last) Huhn

4. DATE OF DEATH (Month) (Day) (Year)  
Jan 22nd 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH I-13-1865 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Un Known 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Lawrence Huhn 13b. MOTHER'S MAIDEN NAME Mary Schmidt 14. NAME OF HUSBAND OR WIFE Mary Huhn

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. no 17. INFORMANT'S SIGNATURE OR NAME Orval Huhn ADDRESS Montgomery City Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CEREBRAL EMBOLISM INTERVAL BETWEEN ONSET AND DEATH 2 HOURS  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CHRONIC MYOCARDITIS WITH ENDOCARDITIS 15 YEARS  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from JAN 22, 1953, to JAN 22, 1953, that I last saw the deceased alive on JAN. 22, 1953, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Van Arsdale, N.O. 23b. ADDRESS Montgomery City 23c. DATE SIGNED 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) B 24b. DATE I-26-53 24c. NAME OF CEMETERY OR BURIAL PLACE St Marys 24d. LOCATION (City, town, or county) (State) Montgomery City Mo

DATE REC'D BY LOCAL REG. Jan 28th 53 REGISTRAR'S SIGNATURE James S. Culverly, Jr. 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Huhn ADDRESS Montgomery City MO

(Licensed Embalmer's Statement on Reverse Side)

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

400  
1

MAY 12 1955

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 ~~on~~ <sup>XXXX</sup> On the 2 day of Jan I953

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. I487

P. O. Address Montgomery 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.