

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9215

State File No. \_\_\_\_\_

No. 300 FILED APR 14 1953

10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Bloomfield 0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>K</u> c. (Last) <u>HUESGEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7-1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3-1864</u>
9. AGE (In years) last birthday <u>88</u>		if UNDER 1 YEAR Months <u>11</u> Days <u>4</u>	if UNDER 12 Mths. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Frankenstein Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>3. unk. Huesgen</u>		13b. MOTHER'S MAIDEN NAME <u>3. unk. Peal</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Smith Huesgen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis Huesgen</u> ADDRESS <u>Bloomfield Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophied prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 month</u>			
19a. DATE OF OPERATION <u>4/4/53</u>	19b. MAJOR FINDINGS OF OPERATION: <u>Hypertrophied prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	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 <u>March 30, 1953</u> , to <u>April 7, 1953</u> , that I last saw the deceased alive on <u>April 7, 1953</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Camgawa M.D.</u> (Degree or title)		23b. ADDRESS <u>1 Ballmeyn Bldg</u>	23c. DATE SIGNED <u>4/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bonnetts Mill R.R. Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 8-53</u>	REGISTRAR'S SIGNATURE <u>R. P. Norris M.D. - M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Maston</u> ADDRESS <u>Linn, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

64

SEP 3 1958

**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..... *Vernon M. Minter*

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.