

20383

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300

v. 10.48

FILED JUN 1 - 1953

BIRTH NO.

REG. DIST. NO. 319

PRIMARY REG. DIST. NO. 6079

Registrar's No. 40

0950

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

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY OR TOWN <u>ZELL ST. GENEVIEVE</u>		c. CITY OR TOWN <u>ZELL ST. GENEVIEVE T.S.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR ROUTE A 2</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE A 2</u>	
3. NAME OF DECEASED a. (First) <u>LAWRENCE</u> b. (Middle) <u>STEPHEN</u> c. (Last) <u>HUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 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>SEPT 2 1878</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY STORE</u>	13a. FATHER'S NAME <u>HENRY HUCK</u>		13b. MOTHER'S MAIDEN NAME <u>KUNIGUNDA GRASS</u>
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>733X</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Valentine Huck St. Genevieve Mo</u> ADDRESS <u>St. Genevieve Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteoporosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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>Chronic myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <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>May 1</u> , 19 <u>52</u> , to <u>May 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>53</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Lanning</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Genevieve Mo</u>	
23c. DATE SIGNED <u>5/25/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 27, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH</u>		24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>May 24 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Basler</u> ADDRESS <u>St. Genevieve Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Basler</u>		ADDRESS <u>St. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 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 William J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.