FILED AUG 4 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

25805

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 15

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

**1. PLACE OF DEATH**
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Linn Twp
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maries River

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage ~~Cole~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardsville, Mo. 0760
d. STREET ADDRESS (If rural, give location): Osage County Missouri 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Huhman

**4. DATE OF DEATH** (Month) (Day) (Year): July 21, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0
**8. DATE OF BIRTH**: Aug. 5, 1931
**9. AGE** (In years last birthday): 21 — IF UNDER 1 YEAR: Months 11, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Osage Bend, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Huhman
**13b. MOTHER'S MAIDEN NAME**: Frances Stockman
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Frances Huhman Wardsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidential drowning in the Maries river

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.*

INTERVAL BETWEEN ONSET AND DEATH: Sudden

E 9298 42

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): In Maries River
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Washington Osage 076 Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 21, 53 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Going in Swimming

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* 5:30 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] Coroner 3
**23b. ADDRESS**: Box 255, Linn, Mo.
**23c. DATE SIGNED**: 7/23/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 24, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: St. Stanislaus
**24d. LOCATION** (City, town, or county) (State): Wardsville, Mo.

**DATE REC'D BY LOCAL REG.**: Aug 1-1953
**REGISTRAR'S SIGNATURE**: T. A. Dubouillet 235
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Sylvester Dulle J. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, M

**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.