

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25949**
Registrar's No. **193**

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3052		Registrar's No. 193	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams			
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Quincy		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson + Coates Sts				d. STREET ADDRESS (If rural, give location) 726 So 16th St			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) C.			c. (Last) Huechteman	
4. DATE OF DEATH July 18, 1953			5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH July 17th 1902		9. AGE (In years: has birthday) 51 Months 0 Days 1 Hours 1 Mins 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY C. B. & G. RR		11. BIRTHPLACE (City and State or Foreign Country) Ill		
12. CITIZEN OF WHAT COUNTRY			13a. FATHER'S NAME William Huechteman		13b. MOTHER'S MAIDEN NAME Minnie Bartling Irene		
14. NAME OF HUSBAND OR WIFE			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. 355-01-9133		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Huechteman			17. ADDRESS Quincy, Ill		18. CAUSE OF DEATH		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Accidental injury from blow on head sustained during fight			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental injury from blow on head sustained during fight ANTECEDENT CAUSES brocancer during w fight DUE TO (b) blow on head sustained during fight DUE TO (c) brocancer during w fight II. OTHER SIGNIFICANT CONDITIONS fight Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH all that sustained	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9365 40				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Quincy Adams Ill		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 1953	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
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 12:15 p.m. , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) Deputy S. Jolly D. Gorman Moberly, Missouri				22b. ADDRESS Quincy, Ill		22c. DATE SIGNED 7-19-53	
23a. BURIAL/CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-20-53		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Quincy, Ill	
DATE REC'D BY LOCAL REG. 7-20-53		REGISTRAR'S SIGNATURE Leah Therese		24. FUNERAL DIRECTOR'S SIGNATURE Malraut and Son, Moberly, Mo		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

No. 300
10-48
883
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1954

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

Frank O. D. Ruth

Licensed Embalmer No. *3021*

P. O. Address

Mobile, Ala

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.