

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

33708

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4214</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Deepwater Twp</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Deepwater Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Deepwater Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deepwater Township</u>				d. STREET ADDRESS (If rural, give location) <u>Deepwater Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>William</u>		c. (Last) <u>Huencfeldt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-1954</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>6 Jan 1896</u>	
9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St Elizabeth Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Henry Huencfeldt</u>		13b. MOTHER'S MAIDEN NAME <u>Millie A. Barabert</u>	
13c. NAME OF HUSBAND OR WIFE <u>William Huencfeldt</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>William Huencfeldt</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William Huencfeldt</u>		18. ADDRESS <u>Monterey Mo</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>1999</u>		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>15 July, 1954</u> , to <u>11 October, 1954</u> , that I last saw the deceased alive on <u>11 Oct</u> , 1954, and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald H. Llesler</u>				23b. ADDRESS <u>Capleton City Mo</u>		23c. DATE SIGNED <u>12 Oct 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct-13-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1956

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 _____

Robert L. Dunning

Licensed Embalmer No. *4890*

P. O. Address *Clinical 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.