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3.48

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30343**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5913** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Bois Brule Twp.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Perryville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy. 51, 1 Mile South of Chester Bridge.</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 4</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Huber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 30, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 13, 1932</b>	9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drayage</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charles Huber</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Hoffman</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-36-6400</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Huber, Perryville, Mo. R. 4.</b>			
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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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured neck</b>	ANTECEDENT CAUSES DUE TO (b) <b>Over Turned Vehicle</b>			SEAL CLERK of Perry County Mo.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)* <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway # 51</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Bois-Brule Twp</b> (COUNTY) <b>Perry</b> (STATE) <b>Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 30 1955</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Overturning of car</b>

22. I hereby certify that I attended the deceased from **Coroner of Perry**, 19\_\_\_, to **Coroner of Perry**, 19\_\_\_, that I last saw the deceased alive on **10-1-1955**, 19\_\_\_, and that death occurred at **11:45P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C.M. Weidman</b> (Degree or title) <b>Registrar of Perry County, Mo.</b>	23b. ADDRESS <b>Perryville</b>	23c. DATE SIGNED <b>10-1-1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>October 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-3-55</b>	REGISTRAR'S SIGNATURE <b>Joel Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Bey Perryville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 25 1955  
MAY 26 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, ~~embalmer~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert Bey*  
Licensed Embalmer No. *13876*  
P. O. Address *Ferryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.