

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32285

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1161</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Silvey Rest Home</u> <u>214 Texas Avenue</u>				e. STREET ADDRESS (If rural, give location) <u>1723-1/2 Savannah Ave.</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>BENJAMIN</u>		b. (Middle) <u>PATRICK</u>		c. (Last) <u>HUBER</u>		
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>28</u>		(Year) <u>1955</u>			
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 16, 1881</u>			
9. AGE (In years last birthday) <u>74</u>		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) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Frank Huber</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Haerberly</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Ophelia Huber</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>500-07-3639</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ophelia Huber</u>			ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>						<u>2 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u>						<u>unknown</u>	
		DUE TO (c) <u>Arteriosclerosis</u>						<u>unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>							
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)		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>Sept 21, 1955</u> , to <u>Oct 28, 1955</u> that I last saw the deceased alive on <u>Oct 26, 1955</u> , and that death occurred at <u>7:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Marion E. Longmeyer M.D.</u>				23b. ADDRESS <u>301 Illinois St. St. Joseph Mo</u>				23c. DATE SIGNED <u>10-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov 2, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>			GENERAL DIRECTOR'S SIGNATURE <u>Stemey Funeral Home</u>			ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed Charles J. Bennett.....

Licensed Embalmer No. 4677

P. O. Address St. Joseph.....

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.