

THE DIVISION OF HEALTH OF MISSOURI
FILED OCT 18 1955 STANDARD CERTIFICATE OF DEATH

State File No. **32614**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **304** Registrar's No. **304**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City | | c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City | |
| c. LENGTH OF STAY (In this place) 6 yrs | | d. STREET ADDRESS (If rural, give location) 1350 West Main | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Nursing Home | | | |

| | | | | |
|--|------------|-------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Elizabeth | a. (First) | b. (Middle) | c. (Last) Huhman | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1955 |
|--|------------|-------------|----------------------------|--|

| | | | | | | |
|-------------------------|----------------------------------|--|---|---|----------------------------------|----------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 2, 1868 | 9. AGE (In years last birthday) 86 88 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|--|---|---|----------------------------------|----------------------------------|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|--|--|

| | | |
|--|---|--|
| 13a. FATHER'S NAME Henry Boedecker | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Frank Huhman |
|--|---|--|

| | | |
|---|--------------------------------------|--|
| 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. no | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Leo V. Huhman, 502 1/2 W. 1st St. Jefferson City, Missouri |
|---|--------------------------------------|--|

| | | | |
|---|---|--|----------------------------------|
| 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, asphyxia, 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) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X | | | |

| | | |
|------------------------|----------------------------------|---|
| 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) | 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 **Oct 13, 1955**, to **Oct 13, 1955** that I last saw the deceased alive on **Oct 13, 1955**, and that death occurred at **4:00 P. M.**, from the causes and on the date stated above.

| | | |
|--|---------------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) Francis J. Mead, M.D. | 23b. ADDRESS Jeff City, Mo. | 23c. DATE SIGNED 10/14/55 |
|--|---------------------------------------|-------------------------------------|

| | | | |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 15, 1955 | 24c. NAME OF CEMETERY OR CREMATORY St. Lawrence | 24d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo. |
|--|-----------------------------------|---|--|

| | | |
|--|---|--|
| DATE REC'D BY LOCAL REG. 14 Oct 1955 | REGISTRAR'S SIGNATURE R. P. Davis | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter C. Nedger, Iberia, Mo. |
|--|---|--|

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Walter O. Hedg

4265

Licensed Embalmer No. _____

P. O. Address _____
Iberia, Missou

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.