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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37690

FILED NOV 23 1955

State File No.

0-790

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5948 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Perryville</u>	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		e. STREET ADDRESS (If rural, give location) <u>R.3.</u>	

07910

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vallie</u> b. (Middle) <u>Julian</u> c. (Last) <u>Huber</u>	4. DATE OF DEATH <u>November 14, 1955</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>March 16, 1908</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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 <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Rudolph Huber</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Cissell</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Bahold 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elva Huber, Perryville, Mo.</u> ADDRESS <u>R.3.</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>Coronary thrombosis?</u>	<u>Approx.</u>	<u>2 hrs.</u>	
ANTECEDENT CAUSES	DUE TO (b) <u>Arteriosclerosis</u>		<u>unknown.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>4901</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Nov. 14-complained of recurrent burning pain, extending from</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>ensiform, to throat, for 3 days prior to office visit, 6 hrs. before death.</u>	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) m.	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. 26, 1955, to Nov. 14, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Gahan D.O.</u> (Degree or title)	23b. ADDRESS <u>Perryville, Missouri</u>	23c. DATE SIGNED <u>11/15/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>November 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov. 17, 1955</u> <u>Joe J. Zellmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u> ADDRESS <u>Perryville, Mo.</u>
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(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, ~~_____~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *3870*
P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.