

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40716**
5646

No. 300
10.48

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 35 yrs | | e. STREET ADDRESS (If rural, give location) 1012 OAK 312 S | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1012 OAK | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) ERNEST c. (Last) HUETJEN | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-23-1955 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH 11-5-1898 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) SMITHTON, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME GEORGE D. HUETJEN | 13b. MOTHER'S MAIDEN NAME GESINA MONSEES | 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) YES WORLD WART | 16. SOCIAL SECURITY NO. 496-07-3597 | 17. INFORMANT'S SIGNATURE OR NAME MRS. GLENN WEBB - BELTON Mo. | ADDRESS _____ |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung + | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Calcemination DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 163 1/2 |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|---|---|
| 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3 | 23b. ADDRESS 6627 Resnet St. St. Louis | 23c. DATE SIGNED 12-27-55 |
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|---|--|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 24b. DATE 12-27-1955 | 24c. NAME OF CEMETERY OR CREMATORY SMITHTON CEM. | 24d. LOCATION (City, town, or county) (State) SMITHTON, Mo |
| DATE REC'D BY LOCAL REG. 12-27-55 | REGISTRAR'S SIGNATURE Neva Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE E. K. GEORGE + SONS ADDRESS BELTON, Mo | |

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 *Richard E. George*

Licensed Embalmer No. *395*

P. O. Address *Beltway*

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.