

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

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44218

318

1003

State File No.

10708

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY OR TOWN <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (in this place) <u>12 YRS.</u>		c. CITY OR TOWN <u>DE SOTO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>RR 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>W.</u>		c. (Last) <u>HUSKEY</u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>25</u>		(Year) <u>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>FEB 12 1895</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTERING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bliss MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>TASPER HUSKEY</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE HUSKEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		(If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>500-28-8464</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE HUSKEY</u> ADDRESS <u>RR 2 DE SOTO, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				<u>12 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Coronary arterio-sclerosis</u>	
						DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic bronchitis</u>				<u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.1</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 <u>Nov 24, 1952</u> , to <u>Dec 5, 1955</u> , that I last saw the deceased alive on <u>Dec 5, 1955</u> , and that death occurred at <u>7 P.M.</u> m.; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nov. J. K. ... M.D.</u>				23b. ADDRESS <u>De Soto, MO</u>		23c. DATE SIGNED <u>Dec 6, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>DEC 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST STEPHENS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DE SOTO MO</u>	
DATE REC'D BY LOCAL REG. <u>DEC 7 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN FUNERAL HOME</u>		ADDRESS <u>DE SOTO, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

1958
B
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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
S. J. Mahan

Licensed Embalmer No.....
49

P. O. Address.....
Pe 2078

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.