

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10347**

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6074</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Gumbo, Elvins Rt. 1</u> )		c. LENGTH OF STAY (in this place) <u>1 Yr.</u>		c. CITY OR TOWN <u>Gumbo</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 <u>Randolph Twp.</u>				e. STREET ADDRESS (If rural, give location) <u>Elvins Route #1. 0940</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LeRoy</u>		b. (Middle)		c. (Last) <u>Huskey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 27, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Jan. 9th. 1885</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>		IF UNDER 4 HRS. Hours <u>18</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hillsboro, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Huskey</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Huskey</u>			14. NAME OF <del>WIFE</del> HUSBAND OR WIFE <u>Mary E. Huskey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Volley Hulsey Gumbo, Missouri</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>Influenza onset 2 wks previously</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>7-8 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481x</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)		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>Mar. 23, 1956</u> , to <u>Mar. 27, 1956</u> , that I last saw the deceased alive on <u>Mar. 27, 1956</u> , and that death occurred at <u>6:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Zupan D.O.</u>				23b. ADDRESS <u>Flat River Gumbo</u>		23c. DATE SIGNED <u>3/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Germany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Germany Settlement, Mo. St. Francois Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.Z. Boyer &amp; Son, Desloge, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

APR 13 1936

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *B. T. Boyer* .....

Licensed Embalmer No. *30* .....

P. O. Address *Des Moines* .....

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