

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12729**
Registrar's No. **144**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

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) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson 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) two days		e. STREET ADDRESS (If rural, give location) 1104 E. High Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) JOSEPH	c. (Last) HUEGEL	4. DATE OF DEATH (Month) (Day) (Year) May 2nd 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 4th 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 5 Months	IF UNDER 4 HRS. 28 Days	IF UNDER 15 MIN. - Mins.
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10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) Railroad (ret)	10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Huegel	13b. MOTHER'S MAIDEN NAME Nancy Holloway	14. NAME OF HUSBAND OR WIFE Mrs Thomas J. Huegel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW # 1	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Gay Martin	ADDRESS 1104 E. McCarty Jeff City Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Epidermoid Cancer of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
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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?
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22. I hereby certify that I attended the deceased from **15 April, 1956**, to **2 May, 1956**, that I last saw the deceased alive on **2 May, 1956**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R.P. Stephan, M.D.	(Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3 May '56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 4th '56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City Missouri
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DATE REC'D BY LOCAL REG. 3 May 1956	REGISTRAR'S SIGNATURE R.P. Stephan MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE Tanner James Jones	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Stephan

SEP 19 1957

MAY 8 1956

MAY 11 1956

SEP 17 1957

SEP 27 1957

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 *Donald P. Freeman*

Licensed Embalmer No. *4162*

P. O. Address *Imo*

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.