

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36465

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 129

| | | | | | |
|---|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson County</u> <u>Missouri</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Sedalia,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center, Warrensburg, Missouri 5min</u> | | | d. STREET ADDRESS (If outside, give location) <u>310 West Broadway</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>JOSEPH</u> Last <u>HUGELMAN JR.</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>30</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 24, 1925</u> | 9. AGE (In years last birthday) <u>32</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hearing Aid Salesman,</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bell Tone Company</u> | | 11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u> | |
| 13. FATHER'S NAME <u>Frank Joseph Hugelman Sr.</u> | | | 14. MOTHER'S MAIDEN NAME <u>Opal Wallington</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>499-16-6319</u> | | 17. INFORMANT Address <u>Mrs. Dorothy Hugelman Sedalia, Missouri</u> | |
| 18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head & body injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Auto Accident,</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto Accident,</u> | | | |
| 20c. TIME OF INJURY Hour, Month, Day, Year <u>11:10 P.M. 10-30-57</u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway U.S.#50, Johnson Co. Missouri, East of Warrensburg,</u> | | 20f. CITY, TOWN, OR LOCATION <u>Sedalia, Missouri</u> | |
| 21. I attended the deceased from <u>10-30-57</u> to <u>10-30-57</u> and last saw <u>him</u> on <u>10-30-57</u> Death occurred at <u>11:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | 22b. ADDRESS <u>M.D. Warrensburg, Missouri.</u> | | 22c. DATE SIGNED <u>10-31-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11-2-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u> |
| 24. FUNERAL DIRECTOR <u>R.A. Brauningner, Warrensburg, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov. 2, 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Savannah Crutfield</u> | |

