

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015327  
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 292 Primary Registration District No. 6000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jasper Township</b>		c. CITY OR TOWN <b>Center, Mo. R.F.D.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Center, Mo R.F.D.</b>		d. STREET ADDRESS (If outside, give location) <b>Jasper Township</b>	

3. NAME OF DECEASED (Type or print) <b>JOHN WESLEY HUSE</b>			4. DATE OF DEATH <b>April 24, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 2, 1884</b>	9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Ralls Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>R.D. Huse</b>			14. MOTHER'S MAIDEN NAME <b>Florence Parks</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-42-0435</b>	17. INFORMANT <b>Ada May Huse, Center, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mins</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
DUE TO (c) <b>Unknown</b>		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <b>None</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Sept 24 '58</b> to <b>April 24 '58</b> and last saw <b>him</b> alive on <b>April 24 '58</b> . Death occurred at <b>6:00 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>P. H. Brooks</b>	22b. ADDRESS <b>Center, Missouri</b>	22c. DATE SIGNED <b>4-27-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-27-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Clyde C. Wilkins, Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-27-1958</b>	26. REGISTRAR'S SIGNATURE <b>Clyde C. Wilkins</b>

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... Clyde C. Smith Licensed Embalmer No.....

P. O. Address... Perry, Mo.

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.