

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017458

STATE FILE NUMBER

LED MAY 19 1958 Registration District No. 46 Primary Registration District No. 5150 Registrar's No. 37

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Caldwell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton <i>Twp</i> | | c. CITY OR TOWN Hickman Mills, <i>Mo</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi West of Hamilton | | d. STREET ADDRESS (If outside, give location) 4500E. 112 Terr. | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last SHIRLEY DEAN HUBER | | | 4. DATE OF DEATH Month Day Year May 9, 1958 | | |
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| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 23, 1934 | 9. AGE (In years last birthday) 24 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employ | 10b. KIND OF BUSINESS OR INDUSTRY Books | 11. BIRTHPLACE (City and state or country) Macon County Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Jack Wehner | 13b. MOTHER'S MAIDEN NAME Lucille Troyn | 14. NAME OF HUSBAND OR WIFE Edwin Huber |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Keith Wehner | Address New Cambria, Mo. |
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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) Basilar Skull Fracture | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Fracture of limbs and deep lacerations | |
| | DUE TO (c) of the body | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) Auto Accident- Head on Collision |
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| 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 checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 36 | 20f. CITY, TOWN, OR LOCATION Hamilton | COUNTY 013 Caldwell | STATE Mo. |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>M.L. Robinson Sheriff and Coroner Kingston Mo.</i> | 22b. ADDRESS 3 | 22c. DATE SIGNED 5-9-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5-12-1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem. | 23d. LOCATION (City, town, or county) (State) Bevier, Mo. |
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| 24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo. | 25. DATE RECD. BY LOCAL REG. 5-17-58 | 26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS
JUL 1 1959

APR 10 1959

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 *Laurance J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, 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.