

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
159

58-018809

4249 STATE FILE NUMBER
4249 REGISTRAR'S NO. 20

FILED JUN 13 1958

Registration District No. Primary Registration District No.

300
-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO, MO. | | c. CITY OR TOWN HILLSBORO <i>0500</i> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MAIN ST. HILLSBORO | | d. STREET ADDRESS (If outside, give location) MAIN STREET | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE CLARA HUSKEY | | | 4. DATE OF DEATH Month Day Year 5-22-58 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-13-1870 |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWORK | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (City and state or country) JEFFERSON CO. MO. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME E. KERKOSKI | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give no. or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Address LLOYD KERKOSKI CRYSTAL CITY, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arterio-sclerotic cardiac - vascular</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>renal disease</i> DUE TO (c) <i>442X</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>years</i> |
| 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"/> |
| 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 <i>Nov 1952</i> to <i>May 22, 58</i> and last saw her ^{her} _{him} alive on <i>170-15, 1958</i> Death occurred at <i>4:50 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Nov. V. ... M.D.</i> | | 22b. ADDRESS <i>Debt, Mo.</i> | 22c. DATE SIGNED <i>17042458</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 5-25-58 | 23c. NAME OF CEMETERY OR CREMATORY HILLSBORO | 23d. LOCATION (City, town, or county) (State) HILLSBORO, MO. |
| 24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 5-24-58 | 26. REGISTRAR'S SIGNATURE <i>Clara Swarlow, Reg</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 3 1958

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

Arthur R. Tate

Licensed Embalmer No. 3481

P. O. Address *Hospital*

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.