

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019072
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 296 Primary Registration District No. 4336 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holliday		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Holliday 0690
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		Length of stay in 1b 52 yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Henry Spurgeon Huss			4. DATE OF DEATH Month Day Year May 19, 1958			
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1884	9. AGE (In years last birthday) 74		10. FUNDER YEAR 2	11. IF UNDER 24 HRS. 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Shelby, Co.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. R. Huss	13b. MOTHER'S MAIDEN NAME Sally Phillips	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. 498-36-6868	17. INFORMANT Mrs. Marie Totsch-Holliday, Mo.	Address
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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) <i>coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arterio sclerosis</i>	
	DUE TO (c) <i>chronic conditions of age</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.)
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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 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
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21. I attended the deceased from <i>March 3rd 1958</i> to <i>5-18-58</i> and last saw him alive on <i>8 P.M. 5-18-58</i> Death occurred at <i>10:30 P.M. 5-19-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Hellis S. Christman 2nd</i>	22b. ADDRESS <i>Paris, Mo</i>	22c. DATE SIGNED <i>5-22-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Shelbina IOOP Cemetery	23d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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24. FUNERAL DIRECTOR Barkeley-Davis	ADDRESS Shelbina, Missouri	25. DATE RECD. BY LOCAL REG. May 26-1958	26. REGISTRAR'S SIGNATURE <i>E. L. Robertson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

JUN 16 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 John F. Byrd....., Student Embalmer No. 554..... working under my personal supervision.

Student

John F. Byrd
Signature of Student Embalmer

Signed

Henry A. Backlund

Licensed Embalmer No. *3835*

P. O. Address *Shelburne - Vt*

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.