

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020573

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 40

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Health, Welfare Public Service
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. Genevieve</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>STE. Genevieve</u> ⁰⁹⁵⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. RT. 2</u>		Length of stay in lb <u>LIFE</u>	d. STREET ADDRESS (If outside, give location) <u>STAR RT 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BENEDICT F. HUCK</u>			4. DATE OF DEATH Month Day Year <u>MAY-31-1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 5 1879</u>
9a. AGE (In years last birthday) <u>79</u>		9b. IF UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>Zell, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>REINHARDT HUCK</u>	
13b. MOTHER'S MAIDEN NAME <u>CATHERINE FITZKAM</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Wupper - Sr Rt 2 - Ste. Genevieve Mo.</u>	
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. <u>498-40-3887</u>	17. INFORMANT <u>Frank Wupper - Sr Rt 2 - Ste. Genevieve Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Distention</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio Sclerosis</u>			<u>?</u>
DUE TO (c) <u>Cerebral Sclerosis</u>			<u>?</u>
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.) <u>None</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 1958</u> to <u>May 31 58</u> and last saw him alive on <u>May 27-1958</u> Death occurred at <u>May 31 1958 3:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ed Depasole MD</u>		22b. ADDRESS <u>Ste Genevieve Mo</u>	22c. DATE SIGNED <u>June 1 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6/2/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. Joseph CATHOLIC</u>	23d. LOCATION (City, town, or county) (State) <u>Zell, Missouri</u>
24. FUNERAL DIRECTOR <u>BASLER FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>6/5/58</u>	26. REGISTRAR'S SIGNATURE <u>Luella Basler</u>

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 *Adrian J. Flee*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve*

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.