

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035978

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 277

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Treloar</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>8 days</b>	d. STREET ADDRESS (If outside, give location) <b>1090 R.R. (Holstein)</b>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>W.</b> Last <b>Huenefeld</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>2,</b> Year <b>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. 4, 1883</b>
9. AGE (In years birth day) <b>75</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant (Retail)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>	11. BIRTHPLACE (City and state or country) <b>Warren County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>Pauline Pothorst</b>	
13a. FATHER'S NAME <b>Fred Huenefeld</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Knapheide</b>	
14. NAME OF DECEASED'S FATHER <b>Armin Huenefeld, R.R., Treloar, Mo.</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>unknown</b>		17. INFORMANT <b>Armin Huenefeld, R.R., Treloar, Mo.</b>	
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>Carcinoma of the Lungs</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chr. Myocarditis</b>			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.) <b>163X</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>6.4.58</b> to <b>11.2.58</b> and last saw him alive on <b>11.1.58</b> Death occurred at <b>3:15 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H. H. Gorman M.D.</b>		22b. ADDRESS <b>Warrenton Mo</b>	
22c. DATE SIGNED <b>11.2.58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-5-58</b>	23c. NAME OF CEMETERY OR REPOSITORY <b>Immanuel's E&amp;R Church</b>
23d. LOCATION (City, town, or county) <b>Warren Co. (Holstein), Mo.</b>			
24. FUNERAL DIRECTOR <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11/5/58</b>	26. REGISTRAR'S SIGNATURE <b>J.P. Hedmann</b>

NOV 12 1958

DEC 12 1958

JAN 26 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 *John J. Hiesburg* .....

Licensed Embalmer No. 3897

P. O. Address Warrenton, Or

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.