

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043310

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1327

300  
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
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 Mo. Meth. Hospital		d. STREET ADDRESS (If outside, give location) 105 Virginia Street	
Length of stay in lb 20 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Marion Arthur Hufnagle			4. DATE OF DEATH Month Day Year December 9, 1958.		
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5. SEX Male <sup>d</sup>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH September 11, 1902.	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	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) Salesman and Casket Manufacturer.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lincoln, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ernest J. Hufnagle	13b. MOTHER'S MAIDEN NAME Mary Eaton	14. NAME OF HUSBAND OR WIFE Maureen -----
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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. 493-12-1257	17. INFORMANT Mrs. Mary Hufnagle	Address Lincoln, Nebraska
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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>Cerebral metastasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Carcinoma left lung</i>		6 mos
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>163x</i>		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 <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 *11.1.58* to *12.9.58* and last saw <sup>her</sup> <sub>him</sub> alive on *12.9.58*  
Death occurred at *5:50 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. H. Ryan</i> (Degree or title) <sup>d</sup>	22b. ADDRESS <i>St. Joseph, Mo</i>	22c. DATE SIGNED <i>12.10.58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 11, 1958.	23c. NAME OF CEMETERY OR CREMATORY Wyuka Cemetery	23d. LOCATION (City, town, or county) (State) Lincoln, Nebraska.
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24. FUNERAL DIRECTOR <i>Meierhoffer-Fleeman, Inc.</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <i>Dec. 12, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. J. H. Ryan  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....

Licensed Embalmer No. 4679 .....

P. O. Address St. Joseph, 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.