

THE DIVISION OF HEALTH OF MISSOURI
DEATH CERTIFICATE OF DEATH

58-043730

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 115-116 Primary Registration District No. 5437 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY OR TOWN VILLA RIDGE	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VILLA RIDGE	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION R.R. # 1 HOME	Length of stay in 1b	d. STREET ADDRESS R.R. # 1	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOHN EDWARD HUELLINGHOFF	First JOHN	Middle EDWARD	Last HUELLINGHOFF	4. DATE OF DEATH Month DEC. Day 27 Year 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 7, 1906	9. AGE (In years at birthday) 52	10. FUNDING YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours 24 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY shoe worker	11. BIRTHPLACE (City and state or country) WESTPHELIA GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN HUELLINGHOFF	13b. MOTHER'S MAIDEN NAME ? KNOPF	14. NAME OF HUSBAND OR WIFE ROSE HUELLINGHOFF
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 494-07-0507	17. INFORMANT Address ROSE HUELLINGHOFF R.R.#1 VILLA RIDGE
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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) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 6.10 PM.
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)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> C

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.) 4201
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20c. TIME OF INJURY Hour _____ p.m. _____ Month, Day, Year _____	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 Death occurred at 1. 07 PM. on 11. 15. 58 , to 12. 26. 58 and last saw him alive on 12. 21. 58 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE H.M. Henry M. (Degree or title)	22b. ADDRESS Union Mo	22c. DATE SIGNED 12. 29. 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S	23d. LOCATION (City, town, or county) (State) GILDEHAUS, MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 12/30/58	26. REGISTRAR'S SIGNATURE J.P. Steinhilber
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Ralph Ottmann*

Licensed Embalmer No. *4808*

P. O. Address *Union, 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.