

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022040
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 172 Primary Registration District No. 5743 42-73 Registrar's No. 56

S. 300
1-57

1. PLACE OF DEATH a. COUNTY LAFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEDOM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CONCORDIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 MI EAST OF CONCORDIA, MO		Length of stay in lb - 85 YRS	d. STREET ADDRESS (If outside, give location) 5th STREET 2 1/2 MI EAST		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle Last HUELS			4. DATE OF DEATH Month JUNE Day 21 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 14, 1874		9. AGE (In years last birthday) 85 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) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) LAFAYETTE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME FRITZ LANGE		13b. MOTHER'S MAIDEN NAME ANNA TERBENYAMP		14. NAME OF HUSBAND OR WIFE WILLIAM HUELS DECEASED	
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.	17. INFORMANT HERBERT HUELS Address CONCORDIA, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy Hypertension 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) —					INTERVAL BETWEEN ONSET AND DEATH — —
20a. ACCIDENT <input checked="" 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 checked="" 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 11/12/48 to 6/21/59 and last saw her alive on 6/21/59 Death occurred at 10:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) Edmund Litzack, M.D.			22b. ADDRESS Concordia, Mo.		22c. DATE SIGNED 6/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-24-59	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY		23d. LOCATION (City, town, or county) (State) EMMA, MO.
24. FUNERAL DIRECTOR E. S. Juma		25. DATE RECD. BY LOCAL REG. June 24-59		26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 ME....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. L. James.....
Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.