

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025945

FILED VS AUG 7 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 230 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Ralls,</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal, Missouri</b>		Length of stay in 1b <b>4Wks</b>		c. CITY OR TOWN <b>Center, Missouri.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Elizabeth Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Center, Mo.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DONALD</b> Middle <b>NORTON</b> Last <b>HUSE.</b>				4. DATE OF DEATH Month <b>July</b> Day <b>26,</b> Year <b>1959</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>7-25-32</b>	9. AGE (last birthday) <b>27</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Highway Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Highway</b>		11. BIRTHPLACE (City and state or country) <b>Center, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Earl Huse.</b>			13b. MOTHER'S MAIDEN NAME <b>Cleo Keithley</b>		14. NAME OF HUSBAND OR WIFE <b>Jean Huse.</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>491-36-7995</b>		17. INFORMANT <b>Jean Huse.</b>		Address <b>Center, Missouri.</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 spinal cord with mets</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>2:26</b> a.m. p.m. Month, Day, Year <b>6-19-59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Hannibal, Missouri.</b>		COUNTY <b>Ralls</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>6-19-59</b> to <b>7-26-59</b> and last saw her/him alive on <b>7-26-59</b> . Death occurred at <b>5:25</b> <b>P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert J. Lanning, M.D.</b> (Dr. or title)				22b. ADDRESS <b>Hannibal, Missouri.</b>		22c. DATE SIGNED <b>7-28-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-29-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Paul Cemetery,</b>		23d. LOCATION (City, town, or county) <b>Ralls County, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Clyde Lanning, Perry, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-2-1959</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Luckey by H. C. Fisher</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**RECEIVED** AUG 5 1959  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** AUG 5 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.