

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041387

FILED VS DEC 9 1959 301

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 69

|  |  |  |  |   |                             |   |  |
|--|--|--|--|---|-----------------------------|---|--|
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |                             |   |  |
| a. COUNTY <i>Ripley.</i>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jordan Twp</i>  |  | Length of stay in 1b <i>2 years.</i>  |                             | a. STATE <i>Missouri.</i> b. COUNTY <i>Ripley.</i>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>N.E. CORNER Ripley County.</i>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | c. CITY OR TOWN <i>GRANDIN.</i>   |                             | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| d. STREET ADDRESS <i>Star Route.</i>   |  | (If outside, give location)  |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |                             |   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Bill Henry Huling.</i>  |  |  |  | 4. DATE OF DEATH Month Day Year <i>Nov. 18, 1959.</i>                                 |                             |   |  |
| 5. SEX <i>Male.</i>  | 6. COLOR OR RACE <i>White.</i>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <i>April 11, 1942.</i>      | 9. AGE (last birthday) <i>17.</i>   | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student.</i>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>High School.</i>  |  | 11. BIRTHPLACE (City and state or country) <i>Lee County, ARK.</i>                    |                             | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>   |  |
| 13a. FATHER'S NAME <i>Leroy Huling.</i>  |  | 13b. MOTHER'S MAIDEN NAME  |  | 14. NAME OF HUSBAND OR WIFE   |                             |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>   |  | 16. SOCIAL SECURITY NO. <i>None.</i>   |  | 17. INFORMANT Address <i>Leroy Huling. Grandin, Mo.</i>                               |                             |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |  |  |  |   |                             | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) <i>STRUCK BETWEEN THE EYES BY A SLUG FROM A 30-06 CAL. DEER RIFLE.</i>   |  |  |  |   |                             | IMMEDIATE.  |  |
| DUE TO (b) <i>TOP PART OF HEAD BLOWN AWAY.</i>   |  |  |  |   |                             |   |  |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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.) <i>ACCIDENTLY STRUCK WHEN JOHN W. TSCHANT, No. 5 ST. ROSE COURT, FLORISSANT, Mo, FIRED AT WHAT?</i> |  |   |                             |   |  |
| 20c. TIME OF INJURY Hour <i>3:15</i> p.m. Month, Day, Year <i>Nov. 18, 1959.</i>   | HE THOUGHT WERE THE HIND QUARTERS OF A DEER GOING OVER A HILL.   |  |  |   |                             |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>BEAVER DAM AREA.</i>     | 20f. CITY, TOWN, OR LOCATION <i>N.E. CORNER OF RIPLEY Co., Mo.</i>   | COUNTY                                       | STATE   |                             |   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <i>3:15 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |                             |   |  |
| 22a. SIGNATURE (Degree or title) <i>Ray Meemar; Coroner.</i>   |  |  |  | 22b. ADDRESS <i>Doniphan, Missouri.</i>   |                             | 22c. DATE SIGNED <i>11/21/59.</i>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL.</i>   | 23b. DATE <i>Nov. 21, 1959.</i>  | 23c. NAME OF CEMETERY OR CREMATORY <i>Doniphan Cemetery.</i>   |  | 23d. LOCATION (City, town, or county) (State) <i>Doniphan, Missouri.</i>              |                             |   |  |
| 24. FUNERAL DIRECTOR ADDRESS <i>Edwards Funeral Home, Doniphan, Mo.</i>  |  | 25. DATE RECD. BY LOCAL REG. <i>12-1-59</i>  | 26. REGISTRAR'S SIGNATURE <i>Flura Broz.</i> |   |                             |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Gene Starnen

Licensed Embalmer No. 4809

P. O. Address Naylor,

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.