

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b <u>10 Yrs.</u>		c. CITY OR TOWN <u>RURAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEAR GRASSY</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NEAR GRASSY</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIDA INEZ HUEY</u>				4. DATE OF DEATH Month Day Year <u>MARCH 2 1960</u>					
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/30/1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and state or country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>LUTHER BERRY</u>			13b. MOTHER'S MAIDEN NAME <u>QUWIN BRUCE</u>			14. NAME OF HUSBAND OR WIFE <u>THOMAS L. HUEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>497-16-2862</u>		17. INFORMANT Address <u>T.L. HUEY, GRASSY, MO.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock.</u> DUE TO (b) <u>Postural injuries</u> DUE TO (c) <u>Automobile accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>		
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 16.) <u>Auto Hit concrete bridge</u>					
20c. TIME OF INJURY <u>7:30</u> Hour <u>3 2 60</u> Month, Day, Year p.m.									
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.) <u>Road Highway 4</u>		20f. CITY, TOWN, OR LOCATION <u>West of Glen Elder Mo</u>		COUNTY <u>Baer</u>		STATE <u>MO</u>	
21. I attended the deceased from <u>3/2/60</u> to <u>3/2/60</u> and last saw him alive on <u>3/2/60</u> Death occurred at <u>9:17 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (In ink or title) <u>John Myers Do</u>				22b. ADDRESS <u>Lutesville Mo</u>			22c. DATE SIGNED <u>3/4/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/5/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETERY</u>		23d. LOCATION (City, town, or county) <u>LUTESVILLE MO.</u>			
24. FUNERAL DIRECTOR <u>BAKER FUNERAL HOME, LUTESVILLE MO</u>				25. DATE RECD. BY LOCAL REG. <u>3/9/60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Buford Crader</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 27 1960

STATEMENT BY LICENSED EMBALMER

MAR 22 1960

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 J. E. Graham

Licensed Embalmer No. 4010
P. O. Address Lutesville

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.