

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013781

FILED VS FEB 29 1960 319

Primary Registration District No. 4469

Registrar's No. 13

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Ste. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ste. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ste. GENEVIEVE</u>		Length of stay in 1b <u>20 YRS</u>	c. CITY OR TOWN <u>Ste. GENEVIEVE</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>97 No 7th</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>197 No 7th</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK J. HUBER</u>			4. DATE OF DEATH Month Day Year <u>Feb 24 1960</u>		
5. SEX <u>M</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>MAR 26, 1899</u>	9. AGE (last birthday) <u>- 80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CORNING</u>	11. BIRTHPLACE (City and state or country) <u>OSORA, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adolph Huber</u>		13b. MOTHER'S MAIDEN NAME <u>GRACE MASHER</u>		14. NAME OF HUSBAND OR WIFE <u>DORA HARTER</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.	17. INFORMANT <u>Mrs. Josephine Berkshaber GENEVIEVE, Mo</u>	Address <u>Ste.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>5 MI.</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		
DUE TO (b) <u>arteriosclerosis.</u>		<u>?</u>
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 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.)
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20c. TIME OF INJURY Hour a.m. 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 <u>June 10, 1959</u> to <u>Feb. 24, 1960</u> and last saw him alive on <u>Feb 24, 1960</u> Death occurred at <u>11:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Rb Lanning M.D.</u> (Degree or title)	22b. ADDRESS <u>Ste. Genevieve Mo</u>	22c. DATE SIGNED <u>2/25/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-27-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	23d. LOCATION (City, town, or county) (State) <u>Ste. GENEVIEVE Mo</u>
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24. FUNERAL DIRECTOR <u>Jerome S. Stanton</u> ADDRESS <u>St. Genevieve Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2/26/60</u>	26. REGISTRAR'S SIGNATURE <u>Luill Basler</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 James B. Stearns

Licensed Embalmer No. 2817

P. O. Address Ste. Lawrence

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.