

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018781

FILED VS MAY 18 1960

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 178 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City, Mo</u>	
Length of stay in lb <u>28yrs</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>319 Washington St.</u>		d. STREET ADDRESS (If outside, give location) <u>319 Washington St</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Frederick</u> Last <u>Huss</u>			4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>7/26/92</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State of Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Salisbury, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Huss</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Shutter</u>		14. NAME OF HUSBAND OR WIFE <u>Eula Huss</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#1</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Eula Huss, Jefferson City, Mo</u>	

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) <u>acute coronary occlusion</u>		
DUE TO (b) <u>arteriosclerotic Heart Disease</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.)
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

21. I attended the deceased from April 27 - 64 to May 12 - 60 and last saw him alive on May 6 - 1960
 Death occurred at 7:30 pm on the date stated above, and to the best of my knowledge from the causes stated.

22. SIGNATURE (Degree or title) <u>R. P. Harris, M.D.</u>		22a. ADDRESS <u>Jeff. City - Mo</u>		22c. DATE SIGNED <u>5-13-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/16/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>	
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>14 May 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - Richter, Sp.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 26 1960

VS OCT 14 1960

JUN 24 1960

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 *Joseph Gordon*

Licensed Embalmer No. *1286*
P. O. Address *Jeff City*

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.