

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008860

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1353

STATE FILE NUMBER

DATE AMENDED
 AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

FILED APR 10 1961
 PLACE OF DEATH

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY PINELLAS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 3 Months	c. CITY OR TOWN ST. PETERSBURG Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3811 East 57th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 630 34th Avenue So. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN FRANCIS HUEY			4. DATE OF DEATH Month Day Year MARCH 14th, 1961			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/2/80	9. AGE (last birthday) 80 Years	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) MOLINE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME JONATHON HUEY	13b. MOTHER'S MAIDEN NAME FRANESCA LEE	14. NAME OF HUSBAND OR WIFE CLARA HUEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. MELVIN CROSSLEY, 3811 E. 57th
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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
IMMEDIATE CAUSE (a) MALNUTRITION		6 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARCINOMA OF LIVER-TYPE UNKNOWN	UNKNOWN
	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
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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 Jan. 9, 1961 to Mar. 14, 1961 and last saw him alive on March 14, 1961 Death occurred at 9:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) M. Ziegler M.D.	22b. ADDRESS 330 W 47th St. Kansas City Mo	22c. DATE SIGNED 3-15-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR. 15, 1961	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) ST. PETERSBURG, FLORIDA
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 3-16-61	26. REGISTRAR'S SIGNATURE Ruth Long
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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 *Orlando M. Dungey*

Licensed Embalmer No. 3566
P. O. Address *14 Lawrence St. N. W.*

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.