SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016267
STATE FILE NUMBER

AMENDED

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 21

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton — Length of stay in 1b 2½ years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Katie Jane Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Warrenton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Florence Middle Last Huber
4. DATE OF DEATH Month May Day 8, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-21-1876
9. AGE (last birthday) 85 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) St.Charles, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Huber
13b. MOTHER'S MAIDEN NAME Mary Brown
14. NAME OF HUSBAND OR WIFE Mary Frances Bryant,dc.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Vincent Huber, Address R.R.#2 Wright City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized arteriosclerosis c
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Coronary occlusion acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: [illegible] / [illegible]

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-21-58 to 5-8-61 and last saw ~~her~~ him alive on 5-5-61
Death occurred at 6:30 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Hoelscher MD
22b. ADDRESS Warrenton Mo
22c. DATE SIGNED 5-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-10-61
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Warrenton, Mo.

24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co.,Warrenton,Mo.
25. DATE RECD. BY LOCAL REG. May 8, 1961
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

X

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 John Thieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Me

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.