DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NT OF PUBLIC HEALTH AND WELFARE

-61-028777
STATE FILE NUMBER

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 42

FILED SEP 1 1961

1. PLACE OF DEATH
a. COUNTY Dallas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hwy.#73 5 mi. North of Buffalo
Length of stay in 1b

c. CITY OR TOWN Tunas
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Ronald Middle: Clay Last: Huber

4. DATE OF DEATH Month: August Day: 11 Year: 1961

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Aug.9,1961

9. AGE (last birthday): 0
IF UNDER 1 YEAR Months: 0 Days: 2
IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (City and state or country): Warsaw, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Curtis Huber

13b. MOTHER'S MAIDEN NAME: Charlene Dunlap

14. NAME OF HUSBAND OR WIFE: ----

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: Charlene Huber Address: Tunas, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Due to natural causes.
INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ 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 --- to --- and last saw her/him alive on ---
Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mrs Vera Petrie LR (Degree or title) Registrar

22b. ADDRESS Buffalo, Missouri

22c. DATE SIGNED 8-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug.12,1961

23c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery

23d. LOCATION (City, town, or county) (State): Dallas County Missouri

24. FUNERAL DIRECTOR: Montgomery Funeral Home ADDRESS: Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.: 8/30/61

26. REGISTRAR'S SIGNATURE: Mrs Vera Petrie LR

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Missour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.