

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047465

REGISTERED NO. **FILED DEC 18 1961** Primary Registration District No. _____ Registrar's No. 46

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

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 T.S.</u>		Length of stay in 1b <u>30 YRS</u>	c. CITY OR TOWN <u>WEINGARTEN</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WEINGARTEN, MO. RRA1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>RRA1</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS JOSEPH HUBER</u>			4. DATE OF DEATH Month Day Year <u>DEC 11 1961</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>3/14/04</u>	9. AGE (last birthday) <u>57</u>	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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WEINGARTEN MO</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM HUBER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA M. NAEGER</u>		14. NAME OF HUSBAND OR WIFE <u>SOPHIA A. LABRUYER</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 Address <u>Sophia A. Huber Weingarten MO RRA1</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>STRANGULATION BY HANGING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
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. <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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>PLACING CORD AROUND NECK & STEPPING OFF</u>	
20c. TIME OF INJURY Hour <u>8</u> a.m. p.m. Month, Day, Year <u>12 11 61</u>	STAIRWAY IN A BARN		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>BARN ON FARM</u>	20f. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE MO</u>	COUNTY STATE <u>CO MO</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Sec. C. Bashir Coover</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>12/11/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LADY HELP OF CHRISTIANS</u>	23d. LOCATION (City, town, or county) (State) <u>WEINGARTEN MO</u>	
24. FUNERAL DIRECTOR <u>Sec. C. Bashir Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12 December 1961</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>	

ITEM NO. SHOULD READ

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.