

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028775
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7356

FILED AUG 6 1962	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS MISSOURI</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u> Length of stay in lb <u>27 DAYS</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST ANTHONYS HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LINCOLN</u> c. CITY OR TOWN <u>SILEX</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LORENE ROSEMARY HUBER</u>	
4. DATE OF DEATH Month Day Year <u>JULY 26 1962</u>	
5. SEX <u>FEMALE</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>6/23/13</u> 9. AGE (last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
11. BIRTHPLACE (City and state or country) <u>WELLSTON, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ALBERT EMO</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA SHULTON</u>
14. NAME OF HUSBAND OR WIFE <u>EDWARD HUBER</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. <u>YES, #UNKNOWN</u>	
17. INFORMANT Address <u>EDWARD HUBER SILEX, MO</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>urkemia due to Bilateral obstruction of both</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>waters - due to metastatic adenocarcinoma</u> DUE TO (c) <u>gempip - 171x</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>none</u>	
20c. TIME OF INJURY Hour a.m. p.m.	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 <u>29 June 10:15 A</u> to <u>26 July</u> and last saw her alive on <u>26 July</u> Death occurred at _____ m on the date (stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>M. J. ...</u>	22b. ADDRESS <u>3804 Wilmington Ave</u>
22c. DATE SIGNED <u>7-26-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>7/26/62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>ST GEORGE CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>HERMAN, MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J. O. MUDD BOWLING GREEN, MO</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 26 1962</u>
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 BY AFFIDAVIT OF
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