

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8869-62-036288 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8869-62-036288**

**FILED SEP 24 1962**

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>5 Weeks</b>	c. CITY OR TOWN <b>Festus</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rte. # 1</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles R. Huber</b>			4. DATE OF DEATH Month Day Year <b>September 12 1962</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/1/04</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Parts Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Manf.</b>	11. BIRTHPLACE (City and state or country) <b>Festus, Mo.</b>
13a. FATHER'S NAME <b>George Huber</b>		13b. MOTHER'S MAIDEN NAME <b>Anna I. Haverstick</b>	14. NAME OF HUSBAND OR WIFE <b>Edna E. Huber</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Edna E. Huber</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal insufficiency</b> DUE TO (b) <b>Urinary tract infection</b> DUE TO (c) <b>609X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>23 days</b> <b>3 years</b>
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
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.)	
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	
21. I attended the deceased from <b>8-10-62</b> to <b>9-12-62</b> and last saw him alive on <b>9-12-62</b> Death occurred at <b>8:25 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold Beard M.D.</b>		22b. ADDRESS <b>812 Olive St St Louis Mo</b>	22c. DATE SIGNED <b>9-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-13-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Crystal City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 13 1962</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>

**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 Keith B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

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.