

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042000

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 119
FILED NOV 20 1962

VS 300
 .Rev. 4/59..
16001
26001
 3
 4 0
 5 1
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 7 0
 8 2
9443X
 10
 11
121-2
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs,		Length of stay in lb 9 years	c. CITY OR TOWN Excelsior Springs, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Institute		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WASHINGTON HUSKISSON			4. DATE OF DEATH Month Day Year Nov. 11, 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Braymer, Mo RFD
13a. FATHER'S NAME Henry Huskisson		13b. MOTHER'S MAIDEN NAME Rhoda Wilson	14. NAME OF HUSBAND OR WIFE Ester Huskisson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT Chris W. Huskisson, 207 No. 16th St, Lexington, 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) Congestive Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Hypertension/Heart Disease			years
DUE TO (c) Chronic Arteriosclerosis			years
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 1955 to 11-11-62 and last saw him alive on 11-11-62 Death occurred at 11-11-62 7:30a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles F. Lambert (Degree Title)		22b. ADDRESS Excelsior Springs, Mo	22c. DATE SIGNED 11-12-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-13-62	23c. NAME OF CEMETERY OR CREMATORY Low Gap Cem.	23d. LOCATION (City, town, or county) (State) Braymer, Mo RFD
24. FUNERAL DIRECTOR Mead-Pitts	ADDRESS Braymer, Mo	25. DATE RECD. BY LOCAL REG. 11-11-62	26. REGISTRAR'S SIGNATURE Caroline Hutchings

Ch. Lambert, USE BLACK INK OR TYPEWRITER RIBBON

Removed
- Burial
Permit received Nov 11, 1962 B.H.

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.