MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047723
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 1

FILED JAN 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0670
2	0670
3	
4	0
5	2
6	
7	0
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9	581.0
10	
11	
12	90-2
13	2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wolf Island — Length of stay in lb 60 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7Mi. S.E. East Prairie — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 2, — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Claude Middle Clarence Last Husk
4. DATE OF DEATH Month Dec. Day 17 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-21-1888
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days 26 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Wolf Island, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Louis Husk
13b. MOTHER'S MAIDEN NAME Naomia Gray
14. NAME OF HUSBAND OR WIFE Deceased
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. Unknown
17. INFORMANT Address Virgil Husk, East Prairie, Mo. Rt.2

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) Cirrhosis of the liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 3/30/60, to 12/4/62 and last saw her/him alive on 12/4/62
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) Gordon C. Hemphill D.O.
22b. ADDRESS 210 Wash. Dr. East Prairie, MO
22c. DATE SIGNED 12-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-19-1962
23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery
23d. LOCATION (City, town, or county) (State) Mississippi Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG. 1-2-1963
26. REGISTRAR'S SIGNATURE Doris Fitzgibbons

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1963

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_____ Signed Travis Shelby Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4940

P. O. Address East Prairie 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.