

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1958

1047

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 692

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Henry Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethlehem Twp. 042</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hosp</u>		Length of stay in 1b <u>10 days</u>	d. STREET ADDRESS (If outside, give location) <u>Clinton RR#6</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>Sallie</u> Last <u>Huey</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>15</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 31, 1880</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Henry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Chay Hurst</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>John Huey (Deceased)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs James Martin Clinton, 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>Inanition and debilitation</u> <u>Abdominal Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Adenocarcinoma of the colon</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>one wk.</u> <u>one year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1538</u>			

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>1538</u>	
20c. TIME OF INJURY Hour <u>5:30</u> a.m. <u>2:00</u> p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Clinton, Mo.</u>		COUNTY <u>Henry Co.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>1-5-58</u> to <u>1-15-58</u> and last saw her/him alive on <u>1-14-58</u> Death occurred at <u>5:30 am</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wm Sandercock D.D. 2</u>				22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>1-16-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>JAN 17, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>		23d. LOCATION (City, town, or county) (State) <u>Henry Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>J. E. Conover Clinton, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-16-58</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Eugene P. Connelley* .....

Licensed Embalmer No. *4680* .....

P. O. Address *Clinton, 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.