

FILED VS AUG 31 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-031200

STATE FILE NUMBER

Registration District No. **337** Primary Registration District No. _____ Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant view Rest		Length of stay in lb 10 da	d. STREET ADDRESS 0520		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED HomeFirst (Type or print) CLARA ANNA HUEBNER			4. DATE OF DEATH August 20, 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 19 Mar 1876		9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sperry, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Wunnenberg		13b. MOTHER'S MAIDEN NAME Amelia (unk)	
14. NAME OF HUSBAND OR WIFE Charles Huebner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Leland Huling		Address Hurdland, 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) Septicemic Pneumonia DUE TO (b) Carcinoma of Pancreas DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X	
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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Aug 1, 1959 to Aug 20, 1959 and last saw her alive on Aug 19, 1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G W Moulton		(Degree or title) Doc		22b. ADDRESS Shelbyville, Mo	
22c. DATE SIGNED Aug 21, 1959		23a. BURIAL, CREMATION, REMOVAL (Specify) burial			
23b. DATE 22 Aug 1959		23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) Kirkville, Missouri	
24. FUNERAL DIRECTOR Edna Rimmer		ADDRESS Hudon Funeral Home		25. DATE RECD. BY LOCAL REG. Aug 24-59	
26. REGISTRAR'S SIGNATURE Ada Garrison					

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. ~~5041~~
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *AS Rimer*

Licensed Embalmer No. *5041*
P. O. Address *Edina, 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.