

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34165

State File No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISS.</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL - WOLF ISLAND</u>		c. LENGTH OF STAY (in this place) <u>8 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - WOLF ISLAND, 0670</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 miles S.E. of E. Prairie</u>			d. STREET ADDRESS (If rural, give location) <u>10 miles S.E. of East Prairie</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>HUEING</u> c. (Last) <u>HUEING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 2 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>AUG. 7, 1950</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>WALTER HUEING</u>		13b. MOTHER'S MAIDEN NAME <u>CALLIE MAE YOUNG</u>		14. NAME OF HUSBAND OR WIFE	
---	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CALLIE MAE HUEING</u>			
---	-------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk</u>
---	--	--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Oct 2, 1950 to Oct 2, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Martin</u> (Degree or title)		23b. ADDRESS <u>East Prairie, Mo</u>	23c. DATE SIGNED <u>10-2-50</u>
--	--	--------------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-3-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>CHARLESTON - MO</u>	
---	-----------------------------	---	--	--

DATE REC'D BY LOCAL REG. <u>10-28-50</u>	REGISTRAR'S SIGNATURE <u>Tertrude G. Harper</u>	197 FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u>	ADDRESS <u>East Prairie</u>
--	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 2 REC'D

RECEIVED

Miss. Co. Health D

County File No. _____

Date Filed NOV 3

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
Student Embalmer

Signed _____

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.