

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15906

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>M.A.#3, Cuba, Mo.</u>	c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u>	c. CITY OR TOWN <u>Washington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hinds Nest Lodge Lodge</u>		f. STREET ADDRESS (If rural, give location) <u>338 High St. 0367</u>	

3. NAME OF DECEASED (Type or Print) <u>Deville</u>	a. (First)	b. (Middle)	c. (Last) <u>Filla</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-24-1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-30-1939</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>14</u>	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT, SENIOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Francis Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ROMAN Filla</u>	13b. MOTHER'S MAIDEN NAME <u>Rose M. Altmuller</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Erwin Huntscha, Washington, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict of Coroner's Jury, Accidental Death by Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u>		
	DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9294</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Hinds Nest Lodge Lodge</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Washington</u> (COUNTY) <u>Crawford</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-24-1956 10:45 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Subject fell down after leaving room across lake and almost back to starting point.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Huntscha</u>	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>May 24, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Hospital</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/30/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lachina</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Huntscha, Cuba, Mo.</u>
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(Licensed Embalmer Statement on Reverse Side)

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

1951 8 8 AM

JUN 4 1956

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 *[Handwritten Signature]*
Licensed Embalmer No. 34
P. O. Address Cuba,

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.