

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033385  
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 175 Primary Registration District No. 8000 Registrar's No. 92

5645  
8000

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Aurora</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. #2 Aurora</b>			Length of stay in 1b <b>30 years</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 2 Aurora</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROSA JOHANNA HUELLHORST</b>				4. DATE OF DEATH Month Day Year <b>Sept. 23, 1958</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>8/20/1878</b>			
9. AGE (In years at birthday) <b>80</b>			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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Franklin Co., Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
13a. FATHER'S NAME <b>Franklin Hoehn</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Carl</b>			14. NAME OF HUSBAND OR WIFE <b>Fred Huellhorst</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Roy Huellhorst Aurora, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Left Fallopian Tube with massive extension throughout the peritoneal cavity</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)			DUE TO (c) <b>1751</b>				19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
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 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		COUNTY		STATE	
21. I attended the deceased from <b>May 1, 1958</b> to <b>Sept. 22, 1958</b> and last saw her alive on <b>Sept. 22, 1958</b> Death occurred at <b>Sept. 23, 1958 9:45 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Kenneth L. Helsey M.D.</b>				22b. ADDRESS <b>Aurora, Mo.</b>				22c. DATE SIGNED <b>9/24/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/26/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Arnold Funeral Home Aurora, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9/25/58</b>		26. REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

