

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 00073

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>TRENTON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLAINVIEW REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>PLAINVIEW REST HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>M.</u> c. (Last) <u>HUEFSTUTTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 9 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>APR 16, 1877</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George Huefstutter</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Alexander</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Huefstutter</u>	ADDRESS <u>L2tedo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>arterio sclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 10, 1954 to Oct 9, 1954, that I last saw the deceased alive on Oct 7, 1954 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>St. Francis</u>	(Degree or title)	23b. ADDRESS <u>St. Francis, Mo</u>	23c. DATE SIGNED <u>10/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRUNDY COUNTY FARM</u>	24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>10/9/54</u>	REGISTRAR'S SIGNATURE <u>Jane Jan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Francis Funeral Home</u>	ADDRESS <u>St. Francis, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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4