

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

14645

State File No. \_\_\_\_\_

MAY 13 1940  
 Registration District No. 20

Primary Registration District No. 2250 ?

Registrar's No. 33

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1. PLACE OF DEATH:  
 (a) County Clay  
 (b) City or town Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME AMY C. Hufft 130  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Earnest Hufft 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased Oct. 2nd 1887  
 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lathrop (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
 12. Name Frank Collins  
 13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)  
 14. Maiden name Mary Evans  
 15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature A. C. Hufft  
 (b) Address Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 5 1940 (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview Liberty

18. (a) Signature of funeral director Harold Gardner  
 (b) Address Liberty, Mo.  
 19. (a) 4-5-40 (Data received local registrar) (b) Nelen Early (Registrar's signature) at

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Clay  
 (c) City or town Liberty (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
 year 1940 hour 22 minute A M.  
 21. I hereby certify that I attended the deceased from July, 1939, to late, 1940;  
 that I last saw her alive on April 2, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectosigmoid and  
Metastasis to Brain.  
 Due to Immediate cause of death  
Metastasis to Brain.  
 Due to (Short circuit operation done about 1 year ago)  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically. 4/6

Major findings: Ca. Rectosigmoid.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Yuff Gadsden (M. D. or other) MD  
 Address Liberty Mo Date signed 4/3/40

**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.....

....., Registered Apprentice No.....

~~working under my personal supervision.~~

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No. *3934*

P. O. Address *Liberty, 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 this body is not embalmed, above space should be left blank.**