

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 9006

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

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 5644		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington rural		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Auville		540	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Farm				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) Laura Lee Huddleston			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1949		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 13, 1863		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR 3 Months		IF UNDER 1 YEAR 18 Days	
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Don't know		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME General Lee		13b. MOTHER'S MAIDEN NAME --Vandernool		14. NAME OF HUSBAND OR WIFE Wesley J. Huddleston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Auville, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro sclerosis</i>  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. 4-100				INTERVAL BETWEEN ONSET AND DEATH years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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)		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 Jan 3, 1949, to Jan 31, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 2 A M from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>W. H. Spinning</i>				23b. ADDRESS No. 0 Higginsville Mo.		23c. DATE SIGNED 1-31-1949	
24a. BURIAL/CREMATION/REMOVAL (Specify) Burial		24b. DATE 1-2-49		24c. NAME OF CEMETERY OR CREMATORY Higginsville		24d. LOCATION (City, town, or county) (State) Higginsville Mo.	
DATE RECD BY LOCAL REG. 2 Feb. 1949		REGISTRAR'S SIGNATURE <i>Wm. E. Eubank</i>		186 25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. E. Eubank</i>		ADDRESS Higginsville, Mo.	

RECEIVED

District Health Officer No. 8,

District File Number

4-2-49

Date Filed

JUN 28 1958

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.

Body not embalmed

Signed Forrest S. Hooper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 46358

P. O. Address Hopkinsville, 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, fact should be so stated above.