

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19271

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy 012</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>1016 HARRIS AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Son</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>Louise</u> c. (Last) <u>Huff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>MAY 17 1867</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home MAKEY</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo</u>	
13a. FATHER'S NAME <u>William E. Millev - born - Birmingham, N.Y.</u>				13b. MOTHER'S MAIDEN NAME <u>MARY KERR - born New Franklin, Mo.</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert Lincoln Huff - born - mslean, Ill</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HARRY HUFF</u> ADDRESS <u>Trenton, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				<u>42</u>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arterio-Sclerosis General</u></p> <p>DUE TO (c) <u>Senility</u></p>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			

22. I hereby certify that I attended the deceased from 3-10-1949 to 3-26-1949, that I last saw the deceased alive on 3-22-1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Jordan</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>3-28-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR 29 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/29/49</u>		REGISTRAR'S SIGNATURE <u>J. E. Jordan</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Ligian Funeral Home by J. Gordon Blackmore</u>			

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

JUN 6 1949

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Gordon Blackmore

Licensed Embalmer No. *4602*

P. O. Address *Trenton, Missouri*

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.