

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26775

State File No. ....

FILED AUG 20 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAYETTE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHICAGO, Illinois</u>	
c. LENGTH OF STAY (in this place) <u>7 dys.</u>		d. STREET ADDRESS (If rural, give location) <u>908 GRACE ST. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LITTLE ANN</u>	b. (Middle) _____	c. (Last) <u>HUFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 5, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>SEPT 21 1883</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>66</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DEPT. STORE</u>	11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA LAREMORE</u>	14. NAME OF HUSBAND OR WIFE <u>BART HUFF</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Farmer Glasgow</u>	ADDRESS <u>Glasgow</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chol. nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 Grand, 1949, to Aug 5, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. Leach M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette MO</u>	23c. DATE SIGNED <u>8-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-49</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	474	25. FUNERAL DIRECTOR'S SIGNATURE <u>Waldley-Frier South</u> ADDRESS <u>Glasgow MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 9

District Health Officer No. 8,

District File Number

Date Filed

8-18-49

AUG 19 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed

J. Walker Audsley

Licensed Embalmer No.

3336

P. O. Address

Glasgow N

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.