

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34358

State File No.

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BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5707 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> (in)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- McMillin</u> c. LENGTH OF STAY (In this place) <u>75 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- McMillin</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 Miles West Anderson, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles West Anderson, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louella</u> b. (Middle) <u>York</u> c. (Last) <u>Huffaker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 28, 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HOURS Days <u>24</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew A. York</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Huffaker</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Jones</u> ADDRESS <u>Rt. 1 Anderson, 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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u> DUE TO (c) <u>Serulity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>47211</u>	

19. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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)
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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? <u>none</u>
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22. I hereby certify that I attended the deceased from 9-21, 1949, to 9-22, 1949, that I last saw the deceased alive on 9-21, 1949, and that death occurred at 5:20A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Varmack, M.D.</u> (Degree or title)	23b. ADDRESS <u>Southwest City, Mo.</u>	23c. DATE SIGNED <u>9-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/25/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McDonald County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-6-49</u>	REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u> <u>423</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Papineau</u> ADDRESS <u>Goodman, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 21 1949
District Health Office No. 3,
District File Number 1049-1131
Date Filed 10-24-49

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.

Student
Student Embalmer

Signed John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Goodman, 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.