

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37322**  
Registrar's No. **4557**

FILED NOV 22 1949

BIRTH NO. **72478-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **100I**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Merriam</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5132 Merriam Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Terry</b> b. (Middle) <b>Lee</b> c. (Last) <b>Huddleston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 23 49</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>10-22-49</b>		9. AGE (in years last birthday) <b>16</b> # UNDER 1 YEAR <b>4</b> MONTHS <b>16</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>William Joe Huddleston</b>	13b. MOTHER'S MAIDEN NAME <b>Wanda Faye Flinn</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Huddleston</b> ADDRESS <b>5132 Merriam Drive</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adrenal Hematomas</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asphyxiation - large baby</b> DUE TO (c) <b>Feto-pubic disproportion mother</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION <b>No Surg</b>		20. AUTOPSY? YES <input checked="" 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 **10:45 AM 10-22, 1949**, to **2:42 AM 10-23, 1949**, that I last saw the deceased alive on **10-22, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jacob F. Farney</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>6305 Brookside Pk</b>	23c. DATE SIGNED <b>10-24-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburial</b>	24b. DATE <b>Oct. 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shannon Cem. Shawnee, Kansas</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas</b>
DATE REC'D BY LOCAL REG. <b>10-25-49</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.P. Davis Funeral Home</b> ADDRESS	

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

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**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.

*Not Embalmed.*

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.