

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43873

State File No.

FILED FEB 4 1950

BIRTH-NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Marceline</u> c. LENGTH OF STAY (in this place) <u>10 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Marceline</u> d. STREET ADDRESS (If rural, give location) <u>Marceline Mo. RFD</u>	
3. NAME OF DECEASED (Type or Print) <u>SHERMAN</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>HUFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 25 1866</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR <u>0</u>	IF UNDER 2 HRS. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus Ohio</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sha rrett</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mattie Huff</u>	
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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jim Michael Marceline Mo.</u>			
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) <u>cancer of liver</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. <u>162x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Nov. 1946</u> , to <u>Dec 29, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>	
		23c. DATE SIGNED <u>12/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>JAN 2 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/31/49</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe McLaughlin Marceline Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

JAN 15 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.....

no

Student Embalmer No. no

working under my personal supervision.

no

Student.....

Student Embalmer

Signed

Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.