

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1950

State File No. 953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5811 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write BUBAL and give township) OR TOWN <u>Rural - Fields Creek</u>		c. CITY (If outside corporate limits, write BUBAL and give township) OR TOWN <u>Rural - Henry Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. W. of Garland School</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. W. of Garland School</u>	
3. NAME OF DECEASED a. (First) <u>Oscar</u> b. (Middle) <u>Allen</u> c. (Last) <u>HUFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1950</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>May 14 1905</u>
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>14</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>woodman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Columbus Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Stallions</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith Huff</u>		15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) (If yes, give war or date of service) _____	
16. SOCIAL SECURITY NO. <u>500-01-4114</u>		17. INFORMANT'S SIGNATURE OR NAME (Print name) <u>Edith Huff</u> ADDRESS <u>RFD #1 Clinton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND - HEAD</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. INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> <u>E976X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FIELDS CREEK, Henry, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 28 1950 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD, Coroner</u>		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>31 Jan. 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 30 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lained Oak Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wendover, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Print name) <u>Fred B. Williams, Jr.</u>	
25. ADDRESS <u>Clinton Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan 30 - 50</u>	
REGISTRAR'S SIGNATURE <u>Florence Adair</u>		427	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

420

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RECEIVED

District Health Officer No. 7,

District File Number 1-5477

Date Filed 2-6-50

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 Fred E. Williams, Jr.

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.