

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9580

State File No. \_\_\_\_\_

Registrar's No. 38

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kans.</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Rural-Hudsox</u>		c. CITY OR TOWN <u>Salina</u>	
c. LENGTH OF STAY (in this place) <u>1 yr. Mar 24</u>		d. STREET ADDRESS (If rural, give location) <u>217 W. Jewell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Osteopathic Soc</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ASA</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>HUFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 21 50</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>Sept. 16, 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Green Co., Pa.</u>	
13a. FATHER'S NAME <u>Asa Huffman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Donohu</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Huffman</u>
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. A. B. Huffman</u> ADDRESS <u>Salina, Kans.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senile Psychosis</u>			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 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) m.		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 1-24, 1949, to 3-21, 1950 that I last saw the deceased alive on 3-21, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eldon A. Morgan D.O.</u> (Degree or title)		23b. ADDRESS <u>S. H. O. S., Macou, Mo</u>		23c. DATE SIGNED <u>3-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gypsum Hill, ceme</u>	
24d. LOCATION (City, town, or county) (State) <u>Salina, Kans.</u>		DATE REC'D BY LOCAL REG. <u>3/27/50</u>		REGISTRAR'S SIGNATURE <u>Walter McNeely</u> 185	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Starnes</u>		ADDRESS <u>macou mo</u>			

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

3610

RECEIVED 4/6/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 450/16.D  
Date Filed 4/11/50

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.

Signed Robert S. [Signature]

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

Licensed Embalmer No. 75-1

P. O. Address Macon 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.