

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12003

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 2000	Registrar's No. 453
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> 3298		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>STATE HOSPITAL # 2</u>		d. STREET ADDRESS (If rural, give location) <u>1712 BROADWAY</u> 1		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> b. (Middle) c. (Last) <u>Huey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>AUG 29, 1873</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u> IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Jas. B. Blizzard</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Sarster</u>		14. NAME OF HUSBAND OR WIFE <u>David Huey</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>HOSPITAL RECORDS # 2, St. Joseph, 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>Nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u> <u>15 years</u> <u>4500</u> <u>14 yrs</u>
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)		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 15, 1948</u> , to <u>4-10</u> , 1950, that I last saw the deceased alive on <u>4-8</u> , 1950, and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. Cassin M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo. State Hospital # 2</u>		23c. DATE SIGNED <u>4-10-1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville School of Osteopathy, Kirkville, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		DATE REC'D BY LOCAL REG. <u>April 17, 1950</u> REGISTRAR'S SIGNATURE <u>H. B. Jenkins 382</u> FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman St. Joseph, Mo.</u>		

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

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150

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. 363

working under my personal supervision.

Student *Clara Johnson*
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. 4835

P. O. Address *319 S. 10th St. Joseph, 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.