S. No. 300
v. 10-48

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12260

0190

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harrisonville Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2187
d. STREET ADDRESS (If rural, give location) 4556 Clayton

3. NAME OF DECEASED (Type or Print) a. (First) Norris b. (Middle) Sylvester c. (Last) Huckins

4. DATE OF DEATH (Month) May (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 1-1882
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Retired
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery
11. BIRTHPLACE (State or foreign country) Seneca Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Huckins
13b. MOTHER'S MAIDEN NAME Martha Williams
14. NAME OF HUSBAND OR WIFE Bertie Ellen Huckins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 494-10-9778
17. INFORMANT'S SIGNATURE OR NAME [signature] ADDRESS Harrisonville Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Cerebral
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypertensive Heart Disease 331X

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Harrisonville Mo.
23c. DATE SIGNED 4 May 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 5-1950
24c. NAME OF CEMETERY OR CREMATORY Sedalia Mo. Cem
24d. LOCATION (City, town, or county) Sedalia (State) Mo.

DATE REC'D BY LOCAL REG. May 4, 1950
REGISTRAR'S SIGNATURE Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgers ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 B. J. Lindley Student Embalmer No. 369 working under my personal supervision.

Student B. J. Lindley
Student Embalmer

Signed Ernest Rennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.