

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13890

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Haw Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Haw Creek Township</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles East of Stover, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles West of Stover</u>			

3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HUFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 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>Jan 6 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Huffman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Gordia Huffman</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gordia Huffman Stover, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>many years</u> <u>"</u> <u>443X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Generalized Atherosclerosis</u>		
11. 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 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 Jan. 1950, to April 29, 1950, that I last saw the deceased alive on April 29, 1950, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Kaufman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>May 5, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>May 6th 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Stevenson Stover, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0710
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RECEIVED 5-8-50
District Health Officer No. 71
District File Number 4-50-471
Date Filed 5-8-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. L. Stevenson

Signed.....
Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.