

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20268

State File No. ....

FILED JUL 8 1950

2767

BIRTH NO. 34545-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>802 Tracy</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sandra</b> b. (Middle) <b>Kay</b> c. (Last) <b>Huckaby</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 20 50</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>6-20-50</b>
9. AGE (In years last birthday) Months Days <b>0 10 0</b>		10. IF UNDER 1 YEAR Hours Min. <b>0 2 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Carl Huckaby</b>	
13b. MOTHER'S MAIDEN NAME <b>Zeta Carol Souder</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Zeta Carol Huckaby KC Mo.</b>
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) <b>Prematurity</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>76X</b>
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>-</b>			
22. I hereby certify that I attended the deceased from <b>June 20, 19 50</b> , to <b>June 20, 19 50</b> , that I last saw the deceased alive on <b>June 20, 19 50</b> , and that death occurred at <b>6:50A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. J. Burns</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>6-20-50</b>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>22 June 50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Barry Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cashland Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-22-50</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Morton Funeral Home</b>		ADDRESS <b>N.K.C. MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Cannon*

**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.....

*Harold L. Posson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3605*

P. O. Address *Parisville, 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.