

FILED JUN 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20738

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) Rural Hazel Hill Twp. 0510		
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital & Clinic, Inc.			d. STREET ADDRESS (If rural, give location) R. R. # 1A, Warrensburg		

3. NAME OF DECEASED (Type or Print) a. (First) Lora b. (Middle) Jane c. (Last) Huffman			4. DATE OF DEATH (Month) (Day) (Year) June 5 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Nov. 14, 1932	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 24 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (State or foreign country) Johnson Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Clarence W. Huffman		13b. MOTHER'S MAIDEN NAME Lucille Mathews		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence W. Huffman, Warrensburg, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 16 mo	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma colon				153x	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION March 19 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma left colon c obstruction of bowel			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)	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 March, 1949, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. F. McKinney MD		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 6/5/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Johnson Co., Missouri		
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DATE REC'D BY LOCAL REG. June 5, 1950	REGISTRAR'S SIGNATURE Savannah Bretchfield		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, MO.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

512

JUN 2 1950

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.

Student
Student Embalmer

Signed _____

R. A. Phillips

Licensed Embalmer No. 2326

P. O. Address Warrensburg, 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.