No. 300

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25776

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4490 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blodgett
c. LENGTH OF STAY (In this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blodgett 100 0
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): A.
c. (Last): Huey

4. DATE OF DEATH (Month) (Day) (Year): 7 5 50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June-22-1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months —, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home wife
11. BIRTHPLACE (State or foreign country): Fredericktown Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. Morris
13b. MOTHER'S MAIDEN NAME: D. K.
14. NAME OF HUSBAND OR WIFE: J. J. Huey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: O. F. Andrison — **ADDRESS**: Benton 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) Paralytic stroke — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility myocarditis

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

443X

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* 2/7/50 19__, *to* 7/5 19 50, *that I last saw the deceased alive on* 7/5/50 19__, *and that death occurred at* 12 30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Lee M.D.
(Degree or title)
23b. ADDRESS: Illmo Mo
23c. DATE SIGNED: 7/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/50
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county): Cape Girardeau (State): Mo.

DATE REC'D BY LOCAL REG.: July 15-50
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home — **ADDRESS**: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17 195
SCOTT COUNTY HEALTH CE

CO. FILE NO. 750 -

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 Raymond Crewes

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.