

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26078

BIRTH NO. 13124-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 937

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> 0117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 0	
c. LENGTH OF STAY (in this place) <u>4 1/2 months</u>		d. STREET ADDRESS (If rural, give location) <u>306 E. Division</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 E. Division St.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Frank</u>	b. (Middle) <u>None</u>	c. (Last) <u>Huff</u>	(Month) <u>Aug.</u>	(Day) <u>15</u>	(Year) <u>1950</u>
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 31, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR <u>15</u> Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor McClain</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Huff, 306 E. Division</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Profound toxemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Infectious Diarrhea</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (c) <u>Inanition & Debilitation</u>			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Unboiled milk</u>			<u>5710</u>

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 Aug. 14, 1950, to 8-15, 1950, that I last saw the deceased alive on Aug. 14, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean R. Pearson D.O. 23b. ADDRESS St. Joseph 6207 King Hill Ave. 23c. DATE SIGNED Aug. 15, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 17, 1950 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Aug. 21, 1950 REGISTRAR'S SIGNATURE E. B. Jenkins 387 25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer ADDRESS St. Joseph, 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*****

working under my personal supervision.

Student Embalmer No.....*****

Signed.....*Robert C. Harrington*.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.