

FILED OCT 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34284

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 38

1. PLACE OF DEATH
 a. COUNTY Oregon
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer
 c. LENGTH OF STAY (in this place) 74 Yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION

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

3. NAME OF DECEASED
 a. (First) ANDREW b. (Middle) JACKSON c. (Last) HUFFMAN

4. DATE OF DEATH (Month) (Day) (Year)
 Sept. 28 1950

5. SEX Male
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
 Married

8. DATE OF BIRTH
 July 30, 1869

9. AGE (In years last birthday) 81
 IF UNDER 1 YEAR: Months 1 Days 28 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
 Bolinger Co., Mo.

12. CITIZEN OF WHAT COUNTRY?
 U.S.A.

13a. FATHER'S NAME
 James Oliver Huffman

13b. MOTHER'S MAIDEN NAME
 Unknown

14. NAME OF HUSBAND OR WIFE
 Rosa E. Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
 Mrs. S. M. Baker Thayer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Atherosclerosis
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
 72 hr 1

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 Jan 1950, to Sept 28, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 6:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
 Dr. Deane

23b. ADDRESS
 Thayer

23c. DATE SIGNED
 10-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
 Burial

24b. DATE
 10--1--50

24c. NAME OF CEMETERY OR CREMATORY
 Two Mile Cemetery

24d. LOCATION (City, town, or county) (State)
 Thayer Missouri

DATE REC'D BY LOCAL REG.
 Oct 14-50

REGISTRAR'S SIGNATURE
 Ella Cross

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
 Island City Thayer, Mo.

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

250

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.

Signed.....
Student Embalmer

Signed

Richard Carter

Student Embalmer No.....

Licensed Embalmer No. *4516*

P. O. Address *Hayes Ave*

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.