No. 300
10.48

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35864

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 45

0970

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Miami township
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles northeast Marshall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Miami township 0970
d. STREET ADDRESS (If rural, give location): 8 miles northeast of Marshall

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Erl
c. (Last): Huff

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: January 22, 1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 8, Days 16 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Philip Huff
13b. MOTHER'S MAIDEN NAME: Sarah Jane Little
14. NAME OF HUSBAND OR WIFE: Willie Edna Huff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. William Huff- Marshall, Mo.R#4

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	10 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Myocarditis	4 hrs
DUE TO (c)	Inst. Tenuitis Nephritis	2 hrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4222

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Oct. 6, 1950, *that I last saw the deceased alive on* Oct 6, 1950, *and that death occurred at* 2050 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. E. Lodge [illegible] 10 Mo
23b. ADDRESS: Slater Mo
23c. DATE SIGNED: Oct 9 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Oct. 10, 1950
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Saline County, Mo.

DATE REC'D BY LOCAL REG.: 10-10-50
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz 247
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell & Lewis - Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-16-

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-50

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, Mo.

Signed _____
Student Embalmer

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.