

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

40110
State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217-South East St.</u>		d. STREET ADDRESS (If rural, give location) <u>217 S.E. St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luna</u> b. (Middle) _____ c. (Last) <u>Huckabay</u>			4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>23</u> (Year) <u>1950</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec-17 1865</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, M o.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>William Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Latham</u>		14. NAME OF HUSBAND OR WIFE <u>George Huckabay</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Huckabay, Keytesville Mo.</u>		ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES				<u>10 min</u>	
DUE TO (b) <u>Coronary sclerosis</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>5 yrs.</u>	
DUE TO (c) <u>Generalized arteriosclerosis and hypertension</u>		11. OTHER SIGNIFICANT CONDITIONS				<u>?</u>	
Conditions contributing to the death but not related to the disease or condition causing death.						<u>4921</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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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?	
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22. I hereby certify that I attended the deceased from Nov 22, 1942 to Dec 23, 1950 that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Harris - MD</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>12/26/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec .25th, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton, County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12/27/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-2
Date Filed: JAN 10 1951

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.....
Student Embalmer

Signed.....

H. D. Bennett

Licensed Embalmer No. 3046

P. O. Address *Keyville 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.