S. No. 300
V. 10.48

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FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40153

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE
c. LENGTH OF STAY (in this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE 0240 1
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle):
c. (Last): HUFFORD

4. DATE OF DEATH (Month) (Day) (Year): DEC. 28, 1950

5. SEX: MALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 1, 1882
9. AGE (In years last birthday): 68 — If under 1 year: Months 2, Days 27 — 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?: USA

13a. FATHER'S NAME: ALFRED HUFFORD
13b. MOTHER'S MAIDEN NAME: MARTHA SWORD
14. NAME OF HUSBAND OR WIFE: IDA MAE BULLOCK HUFFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: IDA MAE HUFFORD — ADDRESS: SMITHVILLE, 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) Bronchial Asthma

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 241X

INTERVAL BETWEEN ONSET AND DEATH

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* 5-5-1, 1940, *to* 12-28, 1950, *that I last saw the deceased alive on* 12-28, 1950, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E B Hobbs
(Degree or title): MD
23b. ADDRESS: Smithville Mo
23c. DATE SIGNED: 12-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-31-50
24c. NAME OF CEMETERY OR CREMATORY: SECOND CREEK CEMETERY
24d. LOCATION (City, town, or county) (State): PLATTE CO. MISSOURI

DATE REC'D BY LOCAL REG.: 12/31-50
REGISTRAR'S SIGNATURE: Beulah Kitchen d.o.3
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: McCOMAS FUNERAL HOME SMITHVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.