

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41161

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martin City</u>		c. LENGTH OF STAY (in this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martin City</u>		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rufus</u> b. (Middle) <u>E.</u> c. (Last) <u>Huff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 18, 1869</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own shop</u>		11. BIRTHPLACE (State or foreign country) <u>Bates Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Omer Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Huff</u>			
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 ADDRESS <u>Mrs. R. E. Huff, Martin City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amphotrophic Lateral Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>44 3/4</u> <u>1 mo.</u> <u>2 days</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) (m.) _____		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 <u>June</u> , 19 <u>49</u> , to <u>Dec 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>50</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ada B. Rader</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Martin City, Mo</u>		23c. DATE SIGNED <u>12-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton</u>		24d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/14/50</u>		REGISTRAR'S SIGNATURE <u>Dr. Anna R. Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. George</u>		ADDRESS <u>Grandview, Mo.</u>	

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

DEC 1 9 RECD

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 A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.