

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41224**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **2001** Registrar's No. **576**

3495

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1801 Porter</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luna</b> b. (Middle) <b>Madison</b> c. (Last) <b>Huffman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14 1950</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 19 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>		11. BIRTHPLACE (State or foreign country) <b>Newtonia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
---	--	---	--	---	--	---	--

13a. FATHER'S NAME <b>John Huffman</b>		13b. MOTHER'S MAIDEN NAME <b>May Shults</b>		14. NAME OF HUSBAND OR WIFE <b>Nelia Huffman</b>			
--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nelia Huffman 1801 Porter</b>			
---	--	-------------------------------	--	--	--	--	--

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) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic resection</b> DUE TO (c) <b>Hypertrophied prostate</b> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>10/10X</b>	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION <b>12-13-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophied prostate</b>				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) _____		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 **12/2, 1950**, to **12/14, 1950**, that I last saw the deceased alive on **12-14, 1950** and that death occurred at **2:30am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.E. Hendus Sr.</b> (Degree or title)		23b. ADDRESS <b>521 W. 4th Joplin Mo</b>		23c. DATE SIGNED <b>12-27-50</b>	
---	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-16-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City Missouri</b>	
---	--	---------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>1-2-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Hendus</b> <b>1138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker-Hunsaker Mortuary Joplin Mo</b>			
--	--	--	--	--	--	--	--

RECEIVED 1-5-51  
Jasper County Health Office

County File Number 50-12-974

Date Filed 1-6-51

MAILED  
2 1953

SEP 22 1953

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.