

FILED DEC 20 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41932

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 398	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Farmington St. Francois		c. LENGTH OF STAY (In this place) RURAL township) 2 mos. 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koshkonong			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA			b. (Middle) M.		c. (Last) HUDDLESTON		4. DATE OF DEATH (Month) (Day) (Year) December 5, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1897		9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR Months 5 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Moore		13b. MOTHER'S MAIDEN NAME Sena McDaniel		14. NAME OF HUSBAND OR WIFE Will R. Huddleston			
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 Records, State Hospital No. 4, Farmington, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Catatonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Abt 2 wks. Abt 1 mo. 3002	
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) 12:10 P.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 Oct. 20, 19 50, to Dec. 5, 19 50, that I last saw the deceased alive on Dec. 5, 19 50, and that death occurred at 12:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Brennan M.D.				23b. ADDRESS Farmington, Mo. State Hospital No. 4, Mo.		23c. DATE SIGNED 12-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-50	24c. NAME OF CEMETERY OR CREMATORY Jolliff Cemetery		24d. LOCATION (City, town, or county) (State) Rover, Missouri			
DATE REC'D BY LOCAL REG. Dec. 8 1950	REGISTRAR'S SIGNATURE Esther Rudloff			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertson Funeral Home, West Plains, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 11 1950

RECEIVED

JAN - 3 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.....

Cozeman

Licensed Embalmer No. 4084

P. O. Address Farmington

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.