

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2022

RES. U.S. SHERIFF
FILED JAN 24 1951

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Huffman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-27-1863</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	
IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Tenn</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE <u>Era Huffman</u>	
13a. FATHER'S NAME <u>Casah y Huffman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McLean</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Era Huffman Hayti Mo</u>	
16. SOCIAL SECURITY NO.		ADDRESS <u>Hayti 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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis chronic</u>		<u>2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			
DUE TO (c) <u>senility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4221</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>1-17-49</u> , 19 <u>49</u> , to <u>1-13-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-13-</u> , 19 <u>51</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Bishop</u>		23b. ADDRESS <u>Mr. D. O. Shroy Clinic Hayti, Mo</u>	
23c. DATE SIGNED <u>1-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY	
24b. DATE <u>1-15-51</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>			
DATE REC'D BY LOCAL REG. <u>1-19-51</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W German</u>	
REGISTRAR'S SIGNATURE <u>John W German</u>		ADDRESS <u>German 7221 St. Louis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0781

1-51-14

JAN 20 REC'D

S. B. Beecher, M. D.,
Pemiscol County Health Department
Caruthersville, Missouri

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 _____

John H. Gorman

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.