

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9045

State File No. \_\_\_\_\_

No. 300  
10-48

FILED MAR 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 68

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. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>601 Howard St.,</b>		d. STREET ADDRESS (If rural, give location) <b>601 Howard St.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rowena</b>			b. (Middle) <b>Florence</b>			c. (Last) <b>HUFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1951</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 30, 1873</b>		9. AGE (In years last birthday) <b>77</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>				11. BIRTHPLACE (State or foreign country) <b>Boonville, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>U. A. Conter</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Street</b>			14. NAME OF HUSBAND OR WIFE <b>Robert E. Huff</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Geo. Jacobs</b>				ADDRESS <b>Royal Oak, Mich.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block</b>								<b>30 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								<b>4330</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Minute)		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 3-20 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Russell Smith, M.D.</b> (Degree or title)		23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>3-20-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-23-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-21-51</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>		ADDRESS <b>Carthage, Mo.</b>	
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RECEIVED 3-27-51  
Jasper County Health Office

County File Number 51-3-261

Date Filed 3-27-51

**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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Gene C. Pugh*  
Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.