

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 117210

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Qulin, Mo. Rt 1		c. CITY (If outside corporate limits, write RURAL and give township) Qulin, Mo. 0120	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) Rt 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Qulin, Mo Rt 1			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Peter. c. (Last) Huffman			4. DATE OF DEATH (Month) (Day) (Year) April 25, 1951		
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5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 4, 1885		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 1 MIN. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) White Co. Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Dan Huffman			13b. MOTHER'S MAIDEN NAME Martha Maunce			14. NAME OF HUSBAND OR WIFE Ruth Huffman		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Huffman				ADDRESS Dexter, Mo.	
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of lungs						2 hr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure.							
		DUE TO (c)							
		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 4341						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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?	
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22. I hereby certify that I attended the deceased from 4-20, 1951, to 4-25, 1951, that I last saw the deceased alive on 4-24, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE S. S. Davis M.D.		(Degree or title)		23b. ADDRESS Dexter Mo.		23c. DATE SIGNED 4-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 26, 1951		24c. NAME OF CEMETERY OR CREMATORY Bethany Cem.		24d. LOCATION (City, town, or county) (State) Bernie, Mo.	
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DATE REC'D BY LOCAL REG. April 26-1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.		ADDRESS Dexter, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 2 - 1951
BUTLER CO. HEALTH CENTER
FILE No. 551-187

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.