

FILED APR 18 1951

## STANDARD CERTIFICATE OF DEATH

057-13120  
State File No. ....

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BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 541

1. PLACE OF DEATH a. COUNTY <u>Lafayette County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington (in city limits)</u>		d. STREET ADDRESS (If rural, give location) <u>5 West - Highway 24</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1008 Highland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Violet</u> b. (Middle) <u>Mae</u> c. (Last) <u>Hufford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 28, 1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Wellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Coates</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Coates (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Hufford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Hufford</u>		ADDRESS <u>Wellington 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>					
DUE TO (c) <u>Unknown</u>					
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 <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>156 A</u>
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 <u>March 26, 1951</u> , to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>April 1, 1951</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Eugene R. Young</u>			23b. ADDRESS <u>P.O. 3353 E. 27th K.C. Mo.</u>	23c. DATE SIGNED <u>April 10, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Marion S. Eachus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Clair Sheppard</u>	ADDRESS <u>Wellington, Mo</u>		

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

RECEIVED 4-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 4-17-51 -----

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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 *J. Clair Shppard*  
Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.