

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13710

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 148

1. PLACE OF DEATH  
a. COUNTY St. Francois  
b. CITY (If outside corporate limits, write RURAL and give township) Doe Run  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Francois  
c. CITY (If outside corporate limits, write RURAL and give township) Doe Run  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) Johnson b. (Middle) D. c. (Last) Huff  
4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH Nov. 5 1855 9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months 5 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Franklin County Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S. A

13a. FATHER'S NAME Stephen Huff  
13b. MOTHER'S MAIDEN NAME Minerva Brown  
14. NAME OF HUSBAND OR WIFE Lily Huff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. No  
17. INFORMANT'S SIGNATURE OR NAME E. L. Huff  
ADDRESS Ironton Mo. rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Terminal Uræmia  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Disease 2 years  
DUE TO (c)  
11. 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  NO

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) 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 7, 1950, to April 21, 1951, that I last saw the deceased alive on April 13, 1951, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Geo. C. Watkins Sr. M.D.  
23b. ADDRESS Farmington Mo.  
23c. DATE SIGNED 4-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial  
24b. DATE April 24 1951  
24c. NAME OF CEMETERY OR CREMATORY Pendleton  
24d. LOCATION (City, town, or county) (State) Doe Run, Mo.

DATE REC'D BY LOCAL REG. apr 23, 1951  
REGISTRAR'S SIGNATURE Esther Rudloff  
25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean  
ADDRESS Farmington Mo.

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

940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

Mo W

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 C. H. Cozear

Signed.....  
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, Missouri

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.