

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19170

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 4503		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION City				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print)		a. (First) ROY		b. (Middle) HENRY		c. (Last) HUFFORD	
4. DATE OF DEATH		APRIL 27, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27, 1890	
9. AGE (In years, months, days) 60		IF UNDER 1 YEAR Months 9		IF UNDER 1 YEAR Days 0		IF UNDER 1 YEAR Hours Mtn.	
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) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. M. Hufford		13b. MOTHER'S MAIDEN NAME Melissa Copley		14. NAME OF HUSBAND OR WIFE Mamie Hufford			
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 ADDRESS Mamie Hufford, Bernie, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of Coronary Arteries Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure unknown 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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 Nov. 3, 1947, to Apr. 27, 1951, that I last saw the deceased alive on Apr. 27, 1951, and that death occurred at 3:30A m., from the causes and on the date stated above.							
23a. SIGNATURE F O Kelley (Degree or title)				23b. ADDRESS Bernie		23c. DATE SIGNED 6-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery		24d. LOCATION (City, town, or county) (State) Bernie, Missouri	
DATE REC'D BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE Velma Jenkins 409		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home Campbell, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 15 1951

DISTRICT HEALTH OFFICE No. 6

Title No.....

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.