

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19202

BIRTH NO. _____ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6210 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Texas	
b. CITY OR TOWN Rural Upton	c. LENGTH OF STAY (in this place) 16 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Upton 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4 mi. E. of Hulley, Mo.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) OPAL	b. (Middle) VIVIAN	c. (Last) HUFF	(Month) 5	(Day) 18	(Year) 51

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1889	9. AGE (In years last birthday) 61	10. MONTHS 7	11. YEAR 3	12. HOURS 3	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work denoting most of working life, when retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Overbrook, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Frank Roy		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Thost H. Huff	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Thost Huff		ADDRESS	
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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) Diabetes mellitus		Diabetes mellitus				2 yrs +	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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		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) m.			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 6-26, 1950, to 5-18, 1951, that I last saw the deceased alive on 4-30, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dealt G. Kramer, M.D.		23b. ADDRESS Houston, Mo.		23c. DATE SIGNED 5-19-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-51		24c. NAME OF CEMETERY OR CREMATORY Success		24d. LOCATION (City, town, or county) (State) Texas Co. Mo.	
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DATE REC'D BY LOCAL REG. May 24-51		REGISTRAR'S SIGNATURE Myrtle Craig 327		25. FUNERAL DIRECTOR'S SIGNATURE Gaylord O. Elliott		ADDRESS Houston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48070
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 29 1951

Dist. File 527-1223

Date Filed 5-27-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4024

P. O. Address: Houston, 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.