

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26536**

FILED AUG 21 1951

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|--|--|--|-------------|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 104 | | PRIMARY REG. DIST. NO. 4176 | | Registrar's No. 31 | |
| 1. PLACE OF DEATH a. COUNTY Dunklin 0351 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | | | |
| b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Malden | | | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden 0351 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 304 E. Park | | | | d. STREET ADDRESS (If rural, give location) 304 E. Park U | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AMANDA | | | b. (Middle) | | | c. (Last) HUNTINGTON | |
| 4. DATE OF DEATH JULY 20 1951 | | 5. SEX Female <input checked="" type="checkbox"/> | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Jan. 1, 1870 | | 9. AGE (In years last birthday) 81 | | 10. MONTHS 6 11. DAYS 19 | | 12. IF UNDER 18 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri U | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | 13a. FATHER'S NAME (Unknown) Harris | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Frank Huntington, Malden, Mo. G.D. | | | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Longtime of Leg - Arterial occlusion | | ADDRESS | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH July 1/51 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 454X | | | | 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) | |
| 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 July 1, 1951 , to July 20, 1951 , that I last saw the deceased alive on July 18, 1951 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above. | | 23a. SIGNATURE J. C. Ackert (Degree or title) | |
| 23b. ADDRESS Malden | | 23c. DATE SIGNED 8/8/51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 21, 1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Malden, Missouri | | 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Schaubert | | ADDRESS Landess Funeral Home Campbell, Mo | |
| DATE REC'D BY LOCAL REG. 8-11-51 | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ... 8-13-51
COUNTY FILE NUMBER 851-219.....

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 *E. W. Henderson*.....

Licensed Embalmer No. 2289.....

P. O. Address *Amherst, W.*

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.