

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29705**  
Registrar's No. **77**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5187**

0160  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Hubble</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Hubble</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3 Miles W. Gordonville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Miles W. Gordonville</b>			

3. NAME OF DECEASED a. (First) <b>May</b> b. (Middle) <b>Ellen</b> c. (Last) <b>HUCKSTEP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1951</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sep. 4, 1872</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>James H. O'Neal</b>		13b. MOTHER'S MAIDEN NAME <b>Jemima Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph P. Huckstep</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Huckstep</b> ADDRESS <b>Gordonville</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Regurgitation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr. 6 mo</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>410 X</b>					
		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) _____		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 **Nov. 22, 1940**, to **Sept. 20, 1951**, that I last saw the deceased alive on **Sept. 15, 1951**, and that death occurred at **12:42 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Ford, M.D.</b> (Degree or title)		23b. ADDRESS <b>Gordonville, Mo</b>		23c. DATE SIGNED <b>Sept 25, 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 26, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 26, 1951</b>		REGISTRAR'S SIGNATURE <b>D. J. Schubert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. P. Brown</b> ADDRESS <b>Jackson, Mo</b>	
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RECEIVED

OCT 1 1951

DISTRICT HEALTH OFFICE NO.

File 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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gene C. Cracraft*

Licensed Embalmer No. 4327

P. O. Address *Jackson, 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.