

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 39

470
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION 429 W. Russell		d. STREET ADDRESS (If rural, give location) 429 W. Russell 0	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Sylvester c. (Last) Huff			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1951			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 17, 1871	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR 3 27	11. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawmill operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reynolds county, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Polk Huff	13b. MOTHER'S MAIDEN NAME Mary Emaline Seal	14. NAME OF HUSBAND OR WIFE Paralee Miller Huff
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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 Mrs Everett Vickery, Ironton, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 23, 1951, to Sept. 14, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Mcintosh, M.D.	(Degree or title)	23b. ADDRESS Canadia, Mo	23c. DATE SIGNED Sept. 17, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 9-16-51	24c. NAME OF CEMETERY OR CREMATORY Glover Cemetery	24d. LOCATION (City, town, or county) (State) Glover, Mo.
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DATE REC'D BY LOCAL REG. 9-19-51	REGISTRAR'S SIGNATURE Mrs. Aris Jones	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton	ADDRESS
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RECEIVED

SEP 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

1951
0612
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2190

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 *Ansel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Proctor Ave*

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.