

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 3 1951

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 28

0690

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RALLS	
b. CITY OR TOWN MONROE CITY		c. CITY OR TOWN RURAL SALINE TOWNSHIP 1870	
c. LENGTH OF STAY (In this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) MONROE CITY 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 216-4th STREET			

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) LEONA c. (Last) HUFFORD			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 18 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH DECEMBER 28th 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) RALLS COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY LOWE	13b. MOTHER'S MAIDEN NAME VIRGINIA STROTHER	14. NAME OF HUSBAND OR WIFE JOHN HUFFORD
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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 Mrs. Iva Oelrich	ADDRESS Monroeville Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC VALVULAR HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 40 YEARS
	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 **SEPT 9, 1946**, to **SEPT 18, 1951**, that I last saw the deceased alive on **SEPT 17, 1951**, and that death occurred at **1210 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Kette M.D. (Degree or title)	23b. ADDRESS Monroe City Missouri	23c. DATE SIGNED 9/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-20-1951	24c. NAME OF CEMETERY OR CREMATOR PLEASANT GROVE RALLS COUNTY MISSOURI	24d. LOCATION (City, town, or county) (State) RALLS COUNTY MISSOURI
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DATE REC'D BY LOCAL REG. 9-20-51	REGISTRAR'S SIGNATURE Anna M. Burditt	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS	ADDRESS MONROE CITY MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1711
Date Filed: OCT 1 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul P. Wilson

Licensed Embalmer No. 3014

P. O. Address Monrope City 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.