

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30978**

FILED SEP 18 1951

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **14**

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

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois	c. LENGTH OF STAY (In this place) 8 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rail Road Crossing Main St. Chamois, Mo.		d. STREET ADDRESS (If rural, give location) Main St. Chamois, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Benj	c. (Last) Huffman	4. DATE OF DEATH (Month) (Day) (Year) Aug 19th, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16th, 1865
9. AGE (In years) 86	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 3	IF UNDER 1 MIN. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd R R Bridge Wkr		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Cole County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Elizabeth C. Boofer
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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Hile ADDRESS Chamois Mo	
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) Completely dis embowled	II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) being hit by passenger train a crossing.		
	DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 096		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, (asn. factory, street, office bldg., etc.) Railroad crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chamois Mo Osage	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-18-51 4:05pm
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by passenger train		21g. E 802 x 35
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:06pm , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. M. Morton Coroner		23b. ADDRESS Box 255, Linn, Mo.	23c. DATE SIGNED 8/20/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-21-51	24c. NAME OF CEMETERY OR CREMATORY Mokane Cemetery	24d. LOCATION (City, town, or county) (State) Mokane Mo
DATE REC'D BY LOCAL REG. 8/21/51	REGISTRAR'S SIGNATURE Anna Moran	25. FUNERAL DIRECTOR'S SIGNATURE W. C. ...	ADDRESS Linn Mo

RECEIVED

SEP 13 1951

DISTRICT HEALTH OFFICE No. 14

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 *Osmon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn 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.