

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38240

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5836 Registrar's No. 131

0730  
1

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

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	
c. LENGTH OF STAY (in this place) <b>All Life</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route #4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route #4</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LINDA</b>	b. (Middle) <b>FAY</b>	c. (Last) <b>Huffman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 15 1951</b>
--	------------------------	--------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>September 15 1950</b>	9. AGE (In years last birthday) <b>1</b> Months <b>2</b> Days <b>0</b>	IF UNDER 1 YEAR Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
----------------------	-------------------------------	---	---	--	-------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (State or foreign country) <b>Neosho, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>George Huffman</b>	13b. MOTHER'S MAIDEN NAME <b>MARY Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>George Huffman</b>	ADDRESS <b>Neosho</b>
---	-------------------------------	---	-----------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Malformation of the heart.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</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) _____		
	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 <b>7544</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	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 **5-26, 1951**, to **11-15, 1951**, that I last saw the deceased alive on **11-15, 1951**, and that death occurred at **6:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Merwin C. Cullough</b> (Degree or title)	23b. ADDRESS <b>Neosho Mo</b>	23c. DATE SIGNED <b>11-20-51</b>
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-18-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Salem</b>	24d. LOCATION (City, town, or county) (State) <b>Newton Co. Mo.</b>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Nov 23, 1951</b>	REGISTRAR'S SIGNATURE <b>Merwin C. Cullough</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK - Bigham</b>	ADDRESS <b>Neosho, Mo</b>
--	---	--	---------------------------

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.                     

District File Number 451-369

Date Filed NOV 30 1951

NEOSHO, MISSOURI

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

H. D. Gibson

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson  
Student Embalmer

Signed White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.