S. No. 300
V. 10.48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40402

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6111 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Scott 1000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Commerce Rural Commerce
c. LENGTH OF STAY (In this place): 36 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Commerce Rural Commerce Twp
d. STREET ADDRESS (If rural, give location): R1 1000

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Emma
c. (Last): Huffman

4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Apr. 30, 1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Clubb, Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Dorris
13b. MOTHER'S MAIDEN NAME: Sarah Collier
14. NAME OF HUSBAND OR WIFE: Dan Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm. A. Hamm — ADDRESS: Commerce R1 Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
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: 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1951, *to* Nov. 11, 1951 *that I last saw the deceased alive on* Nov. 10, 1951, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: [signature] Mo
23c. DATE SIGNED: 11-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-51
24c. NAME OF CEMETERY OR CREMATORY: Wightner Memorial
24d. LOCATION (City, town, or county): Illmo, (State): Mo

DATE REC'D BY LOCAL REG.: Nov-13-51
REGISTRAR'S SIGNATURE: Mrs Addie Harris 375
25. FUNERAL DIRECTOR'S SIGNATURE: Displinghoff Funeral Home — ADDRESS: Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-243

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 Oliver C Smith

Licensed Embalmer No. 4470

P. O. Address Olmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.