

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1952

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONNOR MEMORIAL HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1140 1/2</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>M.</u> c. (Last) <u>HUFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 26, 1907</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>	11. BIRTHPLACE (State or foreign country) <u>DOUGLAS CO. MO.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>DRUGGIST</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FRANCIS HUFFMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHONA GARRISON</u>	
14. NAME OF HUSBAND OR WIFE <u>JESSIE HUFFMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Huffman Hartnell, MO.</u> ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shonic Myo Sarciditis -</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Syndrome</u> <u>3 years</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>5 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Oct 20, 1951</u> , to <u>Dec 22, 1951</u> , that I last saw the deceased alive on <u>Dec 21, 1951</u> , and that death occurred at <u>4:52 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ray S. Dailing 772 VD</u>		23b. ADDRESS <u>Mountain Grove, MO.</u>	
23c. DATE SIGNED <u>12/24-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>	
24d. LOCATION (City, town, or county) (State) <u>Norwood, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. W. W. W. W.</u> ADDRESS <u>Norwood, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames 348-1</u>	

RECEIVED JAN 1 1952  
WRIGHT CO. HEALTH DEPT.  
County, File: Number 15-2-2  
Date Filed Jan. 13, 1952

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 Frank Stahl \_\_\_\_\_

Licensed Embalmer No. 4140 \_\_\_\_\_

P. O. Address mtn Grove, 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.