

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5668

State File No. ....

FILED FEB 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. I

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Mo. Locust Creek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Locust Creek Twp</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	

3. NAME OF DECEASED a. (First) <u>Fannie</u> b. (Middle) <u>Lillian</u> c. (Last) <u>Huffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1-1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Linn Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hugh R. McCormick</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Huffman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Huffman</u> ADDRESS <u>Linn Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u>		
	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. <u>Atherosclerosis</u>			

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)	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 June 1951 to Feb. 1952; that I last saw the deceased alive on Feb. 10, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. F. Suttler D.O.</u>	23b. ADDRESS <u>Linn Mo.</u>	23c. DATE SIGNED <u>Feb. 12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB. 12. 1952</u>	REGISTRAR'S SIGNATURE <u>Miss Binkie Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Brothers</u> ADDRESS <u>Linn Mo.</u>
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(Licensed Embroider's Stamp on Reverse Side)

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

300  
48  
80  
1

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 W. R. Wright.....

Licensed Embalmer No. 4655.....

P. O. Address Seaside, Md......

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.