

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9437

State File No.

FILED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 24

083C

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u>	
c. LENGTH OF STAY (in this place) <u>16 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Northern Heights Rt. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northern Heights Rt. 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Minta</u> c. (Last) <u>Huff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 26, 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Slater, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>Thomas Long</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Harley H. Huff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. W. Riley</u> ADDRESS <u>Northern Heights</u>	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis following Cerebral Hemorrhage</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>4343</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 3/1, 1952, to 3/11, 1952, that I last saw the deceased alive on 3/11, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Riley</u> (Degree or title) <u>Do 2</u>		23b. ADDRESS <u>Goshland, Mo.</u>		23c. DATE SIGNED <u>3/12/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Bros. Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>3.12.52</u>		REGISTRAR'S SIGNATURE <u>Alphia Rollins</u> <u>257</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> ADDRESS <u>North Kansas City, Mo</u>	
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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-----

working under my personal supervision.

Student Embalmer No.....

Signed

John V. ...

Signed.....
Student Embalmer

Licensed Embalmer No. *4848*

P. O. Address *832 ... Rd 7*

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.