

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21124

State File No. ....

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		<u>0592</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1522 Clay Street</u>			d. STREET ADDRESS (If rural, give location) <u>1522 Clay Street</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melissa</u> b. (Middle) <u>Clementine</u> c. (Last) <u>Huffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 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>Jan. 11, 1863</u>	9. AGE (In years less birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Robert Kelly Bean</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ann Grey</u>		14. NAME OF HUSBAND OR WIFE <u>George Huffman</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>No</u>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha Hassey; Chillicothe, Mo</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>	ANTECEDENT CAUSES				<u>10 years</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>				<u>12 years</u>
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 <u>4221</u>			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) _____			
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 Jan 10, 1947, to June 20, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Kelley, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>6-21-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>	24d. LOCATION (City, town, or county) (State) <u>Livingston Co., Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>6-21-52</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Missouri</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0592

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Elton S. Norman* .....

Licensed Embalmer No. *4036* .....

P. O. Address *Phillips, 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.