

JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21353

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5861 Registrar's No. 25

1750

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Billmore		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Billmore, Mo. 1750	
d. FULL NAME OF HOSPITAL OR INSTITUTION Billmore, Mo.		d. STREET ADDRESS (If rural, give location) Billmore, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) ASHLEY b. (Middle) L. c. (Last) HUFSTEDLER			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1952			
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 26, 1871	9. AGE (In years last birthday) 81	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) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Linden, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Amos. E. Hufstедler	13b. MOTHER'S MAIDEN NAME Martha Lewis	14. NAME OF HUSBAND OR WIFE Paralee Hufstедler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Paralee Hufstедler Cough Mt.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Pulv Atherosclerosis		
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	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 1, 1952, to May 8, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED May 2-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/10/52	24c. NAME OF CEMETERY OR CREMATORY Tanager Cemetery	24d. LOCATION (City, town, or county) (State) Tanager, Mo. Oregon
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DATE REC'D BY LOCAL REG July 5, 1952	REGISTRAR'S SIGNATURE Arthur H. Wolf	25. FUNERAL DIRECTOR'S SIGNATURE Richard Carter	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1957

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 Richard Carter

Licensed Embalmer No. 4576

P. O. Address Sharon, N.Y.

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.