

## STANDARD CERTIFICATE OF DEATH

State File No. 23559

**FILED JUL 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural LINN Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u> <u>1570</u>	
c. LENGTH OF STAY (in this place) <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>10 miles East of Mexico on U.S. 54.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C</u> c. (Last) <u>HUFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1952</u>
5. SEX <u>0</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 9, 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Davis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jane (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Huff</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. <u>490-14-4345</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Huff Troy, Missouri</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Anginal with injury. Accidental by blowing controls by the deceased the driver of the wrecked Automobile. Caused by saw with saw cuts.</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u> DUE TO (c) <u>and driver cutting in to quick view front of wrecked car. Blowing over and crushing deceased head and shoulders base of brain and breaking his neck.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>of brain and breaking his neck; 004</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn Audrain Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 15 - 52 2:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>hit in a wrecked Automobile</u>
22. I hereby certify that I attended the deceased from <u>Covered</u> , to <u>Case</u> , 19 <u>52</u> , that I last saw the deceased <u>blinded</u> on <u>July 15</u> , 19 <u>52</u> , and that death occurred at <u>9:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. C. Adams M.D. Corvair</u>		23b. ADDRESS <u>Mexico Mo.</u>	23c. DATE SIGNED <u>7-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alexander Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blanche Neely 2 Arnold Funeral Home Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 17-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely 2</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Charles V. Stummig*

Licensed Embalmer No. 4625

P. O. Address Maplewood, 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.