

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27207**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 842

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ironton</b> <u>0470</u>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Ironton</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>not known</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2821 Sherman Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>JENNIE</b>	a. (First) <b>JENNIE</b>	b. (Middle) <b>EMMA</b>	c. (Last) <b>HUFF</b>	4. DATE OF DEATH <b>August 8th 1952</b>
---	--------------------------	-------------------------	-----------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <u>2</u>	8. DATE OF BIRTH <b>January 1-1871</b>	9. AGE (In years last birthday) <b>81 yrs</b>
----------------------	-------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework, at home</b>	11. BIRTHPLACE (State or foreign country) <b>Ironton, Missouri</b> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Thomas Newman</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Carter</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Huff, deceased.</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. Taylor Campbell, St. Joseph, Mo.</b>	ADDRESS <b>2821 Sherman Ave</b>
---	--	-------------------------------------	---	---------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>concomitant of colon</b>		<b>1 1/2 years</b>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION <b>7</b>	19b. MAJOR FINDINGS OF OPERATION <b>Colestomy done elsewhere &amp; concomitant of colon found.</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>153X</b>

22. I hereby certify that I attended the deceased from **about June 15, 1952**, to **8-8**, 1952, that I last saw the deceased alive on **8-8**, 1952, and that death occurred at **8:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lucie N. D. M.D.</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>902 Edmond St. Joseph, Mo.</b>	23c. DATE SIGNED <b>8-9-52</b>
--	----------------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Removal)</b>	24b. DATE <b>August 8-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ironton, Missouri</b>	24d. LOCATION (City, town, or county) (State) <b>Ironton, Missouri.</b>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Aug 11, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl G. Carter</b>	25. FINERAL DIRECTOR'S SIGNATURE <b>Walter Heucheloff</b>	ADDRESS <b>St. Joseph, Mo.</b>
--	---	---	--------------------------------

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.

Signed Raymond W. Marchessault

Signed.....  
Student Embalmer

Licensed Embalmer No. 4413

P. O. Address. St. Joseph, 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.