

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27435

State File No. ....

FILED AUG 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton,</u>		c. CITY OR TOWN <u>Carrollton, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>15 North Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Claud Leslie Huff</u>			4. DATE OF DEATH <u>July 27, 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 7, 1885</u>	9. AGE (In years last birthday) <u>67</u> Months <u>6</u> Days <u>26</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carrollton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Phillip Huff</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Lula Marie Lee Huff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486-09-9927</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lula M. Huff</u>	ADDRESS <u>Carrollton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	2) <u>Hypertensive Heart Disease</u>		
	DUE TO (b) _____		
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Jan 15, 1952, to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Platt, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Carrollton, Missouri</u>	23c. DATE SIGNED <u>7/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/14/52</u>	REGISTRAR'S SIGNATURE <u>Miss Herbert Calhoun</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u>	ADDRESS <u>Carrollton,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

017/0

017/ J

**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

*R. M. Marshan*

Licensed Embalmer No. *9469*

P. O. Address *Carswell Ave*

**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.