

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28397

FILED SEP 9 - 1952

State File No. \_\_\_\_\_  
Registrar's No. 381

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. _____		Registrar's No. 381			
1. PLACE OF DEATH a. COUNTY Jackson					2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) Independence			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Independence			6485			
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 W. White Oak					d. STREET ADDRESS (If rural, give location) 315 W. White Oak						
3. NAME OF DECEASED (Type or Print) a. (First) Carrie			b. (Middle) E.		c. (Last) Huff		4. DATE OF DEATH August 25 1952				
5. SEX Female	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan 10, 1882		9. AGE (In years last birthday) 70	10 UNDER 1 YEAR Days 7	11 UNDER 12 MRS. Hours 15		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Huntington, Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Eversole			13b. MOTHER'S MAIDEN NAME Mary A. Clingenpeel			14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elbert P. Huff			ADDRESS Indep. Mo			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arteriosclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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)		4201				
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 April 3, 1952 to August 25, 1952, that I last saw the deceased alive on August 3, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Robert E. Johnson, D.O.					23b. ADDRESS Independence Mo.			23c. DATE SIGNED 8/27/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 27 '52		24c. NAME OF CEMETERY OR CREMATORY Mound Grove		24d. LOCATION (City, town, or county) Independence Mo					
DATE REC'D BY LOCAL REG. 8-27-52		REGISTRAR'S SIGNATURE [Signature]			354- NUMERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]				

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

*Roland B. Spierke*  
Licensed Embalmer No. *3604*

P. O. Address *Indy, Ind*

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.