

No. 300  
10.48

FILED AUG 28 1952

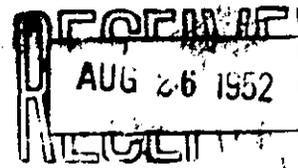
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28567

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 114			
1. PLACE OF DEATH a. COUNTY <b>Johnson.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> COUNTY <b>Johnson.</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg.</b>			c. LENGTH OF STAY (in this place) <b>55yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg.</b>			<b>0512</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Ross Nursing Home.</b>				d. STREET ADDRESS (If rural, give location) <b>731, E. Culton.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>		b. (Middle) <b>Marion</b>		c. (Last) <b>Huffaker.</b>			
4. DATE OF DEATH		(Month) <b>Aug.</b>		(Day) <b>18,</b>		(Year) <b>1952.</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>24, Aug. 1874</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>	IF UNDER 1 WEEK Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Geo. W. Huffaker</b>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <b>Annie E. Huffaker.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>078-05-1120</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Annie E. Huffaker, Warrensburg, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
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) _____		21d. HOW DID INJURY OCCUR _____			
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 _____					
22. I hereby certify that I attended the deceased from <b>8-24</b> , 19 <b>51</b> , to <b>8-12</b> , 19 <b>52</b> ; that I last saw the deceased alive on <b>7-12</b> , 19 <b>52</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Charles M. Sweeney</b> (Degree or title) _____				23b. ADDRESS <b>Warrensburg, Mo.</b>		23c. DATE SIGNED <b>8-20-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>20, Aug. 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>Aug. 20, 1952</b>		REGISTRAR'S SIGNATURE <b>Savannah C. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sweeney Phillips, Warrensburg, MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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



JOHNSON COUNTY HEALTH

2.5-21-5  
p. 5 1128

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.....

working under my personal supervision.

Student Embalmer No.....

Signed P. Q. Phillips

Signed.....  
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.