No. 300
10-46

FILED DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42972

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5873 Registrar's No. 31

750
1

1. PLACE OF DEATH
a. COUNTY OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ALTON-RURAL- Johnson
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY OREGON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 0756
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) DELILA
b. (Middle) —
c. (Last) HUFSTEDDLER

4. DATE OF DEATH (Month) 11 (Day) 25 (Year) '52

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-11-1878
9. AGE (In years last birthday) 74 — If under 1 year: Months 11, Days 14 — If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Oregon County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Columbus Johnson
13b. MOTHER'S MAIDEN NAME Isabel Baker
14. NAME OF HUSBAND OR WIFE J. T. Hufstedler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Roy Hufstedler **ADDRESS** Alton, 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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Womb — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1952, *to* Nov 9, 1952, *that I last saw the deceased alive on* Nov 9, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. W. Hilton (Degree or title)
23b. ADDRESS L. W. Hilton M.D. Alton Mo.
23c. DATE SIGNED 12/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-26-'52
24c. NAME OF CEMETERY OR CREMATORY Lance Cemetery
24d. LOCATION (City, town, or county) Alton (State) Mo.

DATE REC'D BY LOCAL REG. Dec 26-52
REGISTRAR'S SIGNATURE Mrs W C Johnson
25. FUNERAL DIRECTOR'S SIGNATURE John B Clary **ADDRESS** Alton Mo.

(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 John A. Clary

Licensed Embalmer No. 4405

P. O. Address Box 348, Ottawa, 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.