No. 300
10.48

FILED FEB 16 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5474

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 144

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

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BURGE HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEST PLAINS
d. STREET ADDRESS (If rural, give location): 405 SYMPSON

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**3. NAME OF DECEASED** (Type or Print)
a. (First): KAREN
b. (Middle): SUE
c. (Last): HUDDLESTON

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 8, 1953

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH**: OCT. 11 1947
**9. AGE** (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): INFANT
**10b. KIND OF BUSINESS OR INDUSTRY**: ------
**11. BIRTHPLACE** (City and State or Foreign Country): WEST PLAINS, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: DILLON F. HUDDLESTON
**13b. MOTHER'S MAIDEN NAME**: NINA M. COLLINS
**14. NAME OF HUSBAND OR WIFE**: NONE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NO
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: DILLON F. HUDDLESTON WEST PLAINS, 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): Heart Failure (According to Coroner's report)
INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

UNATTENDED BY A PHYSICIAN

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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 ____ 19__ to ____ 19__ that I last saw the deceased alive on ____ 19__ and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Earth Williamson — Deputy Registrar of Vital Statistics
**23b. ADDRESS**: Greene Co. Court House Springfield, Missouri
**23c. DATE SIGNED**: 2/12/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 2/9/53
**24c. NAME OF CEMETERY OR CREMATORY**: OAK LAWN
**24d. LOCATION** (City, town, or county) (State): WEST PLAINS, MISSOURI

**DATE REC'D BY LOCAL REG.**: 2/10/53
**REGISTRAR'S SIGNATURE**: Earth Williamson — Deputy Registrar
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: H.H. LOHMEYER SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Lucien T. Lindley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.