

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22136**

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. **182** PRIMARY REG. DIST. NO. **4298** Registrar's No. **15**

580

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Linn	c. LENGTH OF STAY (in this place) 3 years	c. CITY (If outside corporate limits, write RURAL and give township) Linn 0-590	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) VICTOR	b. (Middle) VINSON	c. (Last) HUFF	4. DATE OF DEATH (Month) (Day) (Year) 6-19-53
-------------------------------------	--------------------------	---------------------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1899	9. AGE (In years last birthday) 53	10 UNDER 1 YEAR Months 9 Days 4	11 UNDER 18 HRS. Min.
--------------------	-------------------------------	---	-----------------------------------	---	---	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept Agent	10b. KIND OF BUSINESS OR INDUSTRY R.R. Transportation	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Robert S. Huff	13b. MOTHER'S MAIDEN NAME Rosa E. Cochran	14. NAME OF HUSBAND OR WIFE Ruby Huff
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 707-05-7167	17. INFORMANT'S SIGNATURE OR NAME Ruby Huff	ADDRESS Linn, Missouri
--	--	--	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
	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 4201	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. 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 **June 19, 1953**, to **June 19, 1953**, that I last saw the deceased alive on **June 19, 1953**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Denton Wilson, D.O.	(Degree or title) _____	23b. ADDRESS Linn, Mo.	23c. DATE SIGNED June 20, 1953
---	-------------------------	-------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-22-53	24c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery	24d. LOCATION (City, town, or county) (State) Moulton, Iowa
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. June 20-53	REGISTRAR'S SIGNATURE Mrs. Bridie Kelley	25. FUNERAL DIRECTOR'S SIGNATURE Brothers Funeral Home	ADDRESS Linn, Mo.
--	---	---	--------------------------

AUG 21 1953

AUG 21 1953

AUG 21 1953

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 W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Laude, 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.