

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27662

State File No.

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Milford Twp.</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle)	c. (Last) <u>Huckaby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 14, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farmer, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Vernon County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>J. N. Huckaby</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Cline</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Huckaby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Huckaby, Lama</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>30 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enormous Abdominal Tumor mass grew rapidly the past 3 months. Probably cystic. C. U. D.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably cystic. C. U. D.</u> DUE TO (c) <u>Heart failure due to pressure of above mass.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1/month	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>operation Refused many times in past.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 1952, to Aug. 14, 1953, that I last saw the deceased alive on Aug. 14, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Bickel M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>8/15/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>AUG 15 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Karantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Chubb</u>	ADDRESS <u>Lama, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 306
10.48

SEP 29 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 *L. Gerald Beery* _____

Licensed Embalmer No. *4963* _____

P. O. Address *Sheldon 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.