

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

State File No. **31129**
Registrar's No. **385**

FILED SEP 23 1953

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff,		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning, Rural, Cleveland		d. STREET ADDRESS (If rural, give location) Route 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital			d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) Hattie		a. (First)	b. (Middle) Ann	c. (Last) Huggins	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1897	9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months 7 Days 2
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) Corning, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME W. M. Watson		13b. MOTHER'S MAIDEN NAME Lee Cora Lee		14. NAME OF HUSBAND OR WIFE W. R. Huggins	
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. None	17. INFORMANT'S SIGNATURE OR NAME W. R. Huggins		ADDRESS Corning, Ark	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Resection - Accident			INTERVAL BETWEEN ONSET AND DEATH 1 day		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X
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 Sept. 9, 1953, to Sept. 10, 1953, that I last saw the deceased alive on Sept. 10, 1953, and that death occurred at 10:10 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John R. Lynch M.D.		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 9/14/53	
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Richwoods Cemetery	24d. LOCATION (City, town, or county) (State) Rt. 1 Corning, Ark.		
DATE REC'D BY LOCAL REG. 9/16/53	REGISTRAR'S SIGNATURE Bob Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
SEP 21 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Lester D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.