

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35280**

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5792</u>		Registrar's No. <u>116</u>								
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u>				b. COUNTY <u>Carroll</u>						
b. CITY, (If outside corporate limits, write RURAL and give township) <u>Rural Combs Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. E. of Carrollton</u>				e. STREET ADDRESS (If rural, give location) <u>4 mi. E. of Carrollton</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) <u>LONZO</u>			c. (Last) <u>HUFF</u>								
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 1, 1870</u>						
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>						
11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Peter Samuel Huff</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Newsom</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Berry</u>		
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>Ms. Jessa Thompson</u>			ADDRESS <u>Redfield Kans</u>					
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) <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>					
			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 <u>4222</u>						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) m.			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 <u>May 1, 1953</u> , to <u>Nov 8, 1953</u> , that I last saw the deceased alive on <u>Mar. 7, 1953</u> , and that death occurred at <u>1.004 m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>Carroll H. Smith</u>			(Degree or title)			23b. ADDRESS <u>1021 9th St. Carrollton Mo</u>			23c. DATE SIGNED <u>11-11-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE <u>11-11-53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cem</u>			24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo</u>					
DATE REC'D BY LOCAL REG. <u>4/14/53</u>			REGISTRAR'S SIGNATURE <u>Mr. Verber Calver</u>			45-1			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>			ADDRESS <u>Carrollton Mo</u>		

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

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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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carrollton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.