

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35552**

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

FILED **OCT 27 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **5430** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lonedell - Central</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lonedell</b>		<b>0360</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b> b. (Middle) _____ c. (Last) <b>Huff</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-53</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-4-1872</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Days <b>9</b>
IF UNDER 24 HRS. Hours <b>18</b>	IF UNDER 24 HRS. Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>John Phillips</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Stephen Huff</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>St. Clair</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>	DUPLICATE OF ABOVE				2 YRS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>ARTERIO SCLEROSIS, CHRONIC DISINTEGRATION</b>	DUE TO (c) <b>DISINTEGRATION</b>	10 YRS
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"/>
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)		<b>4221</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <b>July</b> , 19 <b>49</b> , to <b>10-22</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>53</b> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>John J. Pearl, M.D.</b> (Degree or title)			23b. ADDRESS <b>St. Clair, Mo.</b>		23c. DATE SIGNED <b>10-24-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lonedell, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>10-24-53</b>	REGISTRAR'S SIGNATURE <b>G. S. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>St. Clair Mo</b> ADDRESS			

(Licensed Embalmer—Embalmment on Reverse Side)

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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 .....  
Student Embalmer

Signed E. J. Olmstead

Licensed Embalmer No. 1686

P. O. Address Union

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.