

FILED OCT 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38008

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>		
b. CITY OR TOWN <u>Rural, Spring Valley Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural, Spring Valley Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1/4 Miss. Summersville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> b. (Middle) <u>Emmaline</u> c. (Last) <u>Huffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-8-1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Zacharias Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Beard</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Huffman</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>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bert Huffman Summersville Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</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>332X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>July 30, 1953, to Sept 7, 1953</u> , that I last saw the deceased alive on <u>Sept 7, 1953</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Lawrence Hampton D.O.</u>			23b. ADDRESS <u>Summersville, Mo</u>		23c. DATE SIGNED <u>10-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summersville</u>	24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-26-53</u>	REGISTRAR'S SIGNATURE <u>Mabel G. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>None</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.