

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42371**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>AVONDALE</u>	c. LENGTH OF STAY (in this place) <u>26 YRS</u>	c. CITY OR TOWN <u>AVONDALE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WAPLESY EXCELSIOR ST.</u>		e. STREET ADDRESS (If rural, give location) <u>WAPLESY &amp; EXCELSIOR STS.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLVIA</u> b. (Middle) <u>MAY</u> c. (Last) <u>HUFFMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 27 1901</u>	9. AGE (In years last birthday) <u>52</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ANTIACH OHIO</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>OTTO HILL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY B LYNCH</u>	14. NAME OF HUSBAND OR WIFE <u>ALFRED HUFFMAN</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>CHESTER HUFFMAN</u>	ADDRESS <u>AVONDALE</u>
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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>36 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> 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>331X</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) _____
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 Dec 17, 1953, to Dec 19, 1953; that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 6:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Benjamin L. Williams M.D.</u>	23b. ADDRESS <u>1902 Knott St. N.K.C. Mo.</u>	23c. DATE SIGNED <u>12-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-21-53</u>	REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>N.K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000

MAY 24 1956

~~MAY 28 1956~~

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..... *Glen H. Hill* .....

Licensed Embalmer No. 4586

P. O. Address... R. E. 1612

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.