

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42965**
6086

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 917 Tracy	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Huff	
c. (Last) Huff		4. DATE OF DEATH (Month) (Day) (Year) 12 18 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-15-1891
9. AGE (In years last birthday) 62		10. MONTHS 6	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "Unk"		10b. KIND OF BUSINESS OR INDUSTRY "Unk"	
11. BIRTHPLACE (City and State or Foreign Country) PA.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Gretchen			
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. "Unk"	
17. INFORMANT'S SIGNATURE OR NAME Record Clerk: K.C. Gen. Hosp #1		ADDRESS 4201	
MEDICAL CERTIFICATION			
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) Myocardial infarction	
		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"/>			
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 Dec. 18 1953 , to Dec. 18 1953 , that I last saw the deceased alive on Dec. 18 1953 , and that death occurred at 8:40P m. , from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 12-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Autopsy		24b. DATE 12-29-53	
24c. NAME OF CEMETERY OR CREMATORY K.C. College of Osteopathy		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE B. E. Walcutt		ADDRESS K.C. 8, Mo.	

Dr. T. Cook

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..... *B. E. Weely*

Licensed Embalmer No. *4075*

P. O. Address..... *K.C. 8, Mo.*

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.