

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4256

State File No. _____

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City - Ray ^{Ray}</u>	
c. LENGTH OF STAY (In this place) <u>15 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles South</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u> b. (Middle) <u>Albert</u> c. (Last) <u>Huff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>7</u> <u>1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 15, 1906</u>		9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dayton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Luther T. Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Huff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Huff - Golden City, Mo.</u>	

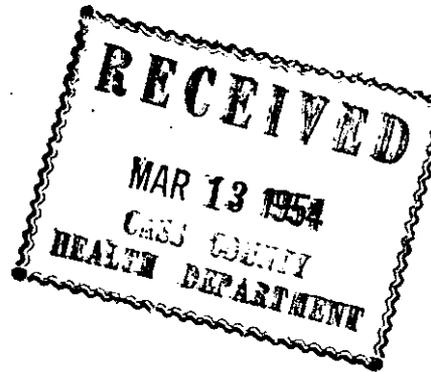
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUE TO (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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>4201</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) (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 March 1, 1954, to March 7, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>I. Edward S. Jowers</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>3-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dayton, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur & Lily Golden City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		457-01	

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



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 *Ray J. Hickey*

Licensed Embalmer No. 4685

P. O. Address *Indian City, 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 this body is not embalmed, fact should be so stated above.