

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5489

State File No.

FILED MAR 8 1954 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 5

0661

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Shelton St.		c. CITY (If outside corporate limits, write RURAL and give township) Eldon	
		d. STREET ADDRESS (If rural, give location) W. Shelton	
3. NAME OF DECEASED (Type or Print) ARMINTA		a. (First) MAY	
		b. (Middle) HUFF	
		c. (Last) HUFF	
4. DATE OF DEATH Feb. 16, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
5. SEX Female		8. DATE OF BIRTH Feb. 10, 1884	
6. COLOR OR RACE White		9. AGE (In years Last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) Green Co., Missouri	
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Calvin Austin Hawley		13b. MOTHER'S MAIDEN NAME Arminta McClelan	
		14. NAME OF HUSBAND OR WIFE George C. Huff	
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. None	
		17. INFORMANT'S SIGNATURE OR NAME Vivian Fry	
		ADDRESS Eldon, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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) m.		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 10-19, 1953, to 2-16, 1954, that I last saw the deceased alive on 2-16, 1954, and that death occurred at 4:50 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl J. Buehler, M.D.		23b. ADDRESS Eldon, Mo.	
		23c. DATE SIGNED 2-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-54	
24c. NAME OF CEMETERY OR CREMATORY Belview		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. Feb. 17, 1954		REGISTRAR'S SIGNATURE 192-0 Alveretta Walt	
25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips		ADDRESS Eldon	

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 _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.