No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5614

State File No. .....

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5863 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Couch
c. LENGTH OF STAY (In this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Couch 0750 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) PARALEE
b. (Middle) TENNESSEE
c. (Last) HUFSTEDLER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1954

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Jan. 11, 1879
9. AGE (In years last birthday) 75 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

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 (City and State or Foreign Country) Hardy, Ark. /
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Stephens
13b. MOTHER'S MAIDEN NAME Eliza Ann Baker
14. NAME OF HUSBAND OR WIFE Ashley Lee Hufstedler, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. F. Eder **ADDRESS** Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Jan 4 1954

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) a Myocardial Failure
DUE TO (c) Bronchitis

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 501 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1954, *to* Jan 18, 1954, *that I last saw the deceased alive on* Jan 17, 1954, *and that death occurred at* 2:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE W W Cooper (Degree or title) MD
23b. ADDRESS Thayer Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/20/54
24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery
24d. LOCATION (City, town, or county) Thayer (State) Mo.

DATE REC'D BY LOCAL REG. 2-10-54
REGISTRAR'S SIGNATURE Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE Leland Carter **ADDRESS** Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Roland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer Nev

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.