No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9666

State File No. .....

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 23

0840

1. PLACE OF DEATH
a. COUNTY Polk.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - GREENE
c. LENGTH OF STAY (in this place) 47 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 MO
b. COUNTY Polk.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Greene 0840
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) (NMI) c. (Last) Huckaby

4. DATE OF DEATH (Month) (Day) (Year) 3 - 13 - 54

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2
8. DATE OF BIRTH Feb-11-1882
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 1 Days 2 | 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 (State or foreign country) Hickory Co, MO
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME J. J. Ramsey
13b. MOTHER'S MAIDEN NAME Corinthia Lindsey
14. NAME OF HUSBAND OR WIFE John D Huckaby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mr. Bert E. Huckaby ADDRESS Urbana, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Vascular Disease — 2 Hrs

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 446X
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 2, 1953, *to* 3/13, 1954 *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L. A. Gloss MD (Degree or title)
23b. ADDRESS Urbana MO
23c. DATE SIGNED 3/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-16-1954
24c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.
24d. LOCATION (City, town, or county) Polk Co (State) MO

DATE REC'D BY LOCAL REG. 3-20-1954
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 258-0
25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan ADDRESS Urbana, MO

(Licensed Embalmer's Statement on Reverse Side)

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.