

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15435

State File No.

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>		c. LENGTH OF STAY (in this place) <u>Hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		035 ²
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>J.</u> c. (Last) <u>Huddleston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 23, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>Richard Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Brown</u>		14. NAME OF HUSBAND OR WIFE <u>I. L. Huddleston</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Huddleston Holcomb Mo</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 5/1, 1954, to 5/20, 1954, that I last saw the deceased alive on 5/18, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Cochran M.D.</u>		23b. ADDRESS <u>Holcomb, Mo</u>		23c. DATE SIGNED <u>5/21/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine City</u>	24d. LOCATION (City, town, or county) (State) <u>Holcomb, Mo</u>		
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DATE REC'D BY LOCAL REG. <u>5/21/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jewel Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Irby Rector Ark</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-24-54
COUNTY FILE NUMBER 554-156

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

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Don W. McBride.....
Licensed Embalmer No. 2776.....

P. O. Address Kenton Ark.....

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.