

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15703**

FILED JUN 9 1954

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **5563** Registrar's No. **2**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural, Liberty | | c. CITY (If outside corporate limits, write RURAL and give township) Rural, Liberty | |
| c. LENGTH OF STAY (in this place) five | | d. STREET ADDRESS (If rural, give location) 5 mi. west of Hogan | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 mi. west of Hogan | | | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) BYRD c. (Last) HUFF | | | 4. DATE OF DEATH (Month) (Day) (Year) May 30 1954 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Jan. 17, 1873 | | 9. AGE (In years last birthday) 81 | | 10. MONTHS 8 YEARS 1 DAYS 0 HOURS 0 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Iron County Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Joseph Huff | | 13b. MOTHER'S MAIDEN NAME Josephine Shepherd | | 14. NAME OF HUSBAND OR WIFE Margaret E. Huff | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Huff, Glover Missouri | |

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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, asthma, etc. It means the direct, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | |
|--|--|--|--|----------------------------------|--|

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4221 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 **Jan 1 1953** to **May 30, 1954**, that I last saw the deceased alive on **May 30, 1954**, and that death occurred at **12:15** p.m., from the causes and on the date stated above.

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|---|--|---------------------------------|--|---|--|
| 23a. SIGNATURE J. H. McEntosh M.D. (Degree or title) | | 23b. ADDRESS Ironton Mo. | | 23c. DATE SIGNED 6-1-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 6-1-54 | | 24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Pilot Knob Missouri. | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 6-8-54 | | REGISTRAR'S SIGNATURE Mrs. Ann Jones 128 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton Mo. | |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side) **Archie J. White**

No. 300
10-48

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 Arnel J. White.....

Licensed Embalmer No. 3412.....

P. O. Address Boston.....

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.