

FILED JUL 19 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 22373

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5189 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Welch twshp.</u>		c. CITY OR TOWN <u>Rural Liberty Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Leonold R. R. 1 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm to market Route N Near</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BONNIE</u>	b. (Middle) <u>LORETTA</u>	c. (Last) <u>Delta HUFFMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 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>Never Married</u>	8. DATE OF BIRTH <u>November 19, 1933</u>	9. AGE (in years last birthday) <u>20</u> Months <u>7</u> Days <u>14</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Whitewater, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Otto Huffman</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Bollinger</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>498-32-4399</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James O. Connor</u>	ADDRESS <u>High Ridge, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the 3rd Cervical Vertebrae</u>		
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E983X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>Farm to market Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Delta Cape Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1954 a.m. 1:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Death from hands of person or persons unknown</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, 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 (Degree or title) <u>J. F. Sigmond, Coroner</u>	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>7/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 13, 54</u>	REGISTRAR'S SIGNATURE <u>D. G. Sabin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>	ADDRESS <u>Cape Gir. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1954

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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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed William Lee Towne

Licensed Embalmer No. H.H. 10

P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.