

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30637

State File No.

4272

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACISSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACISSON

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN KANSAS CITY

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL

STREET ADDRESS (If rural, give location)
4037 BROOMHAYN AVENUE

3. NAME OF DECEASED
(Type or Print) a. (First) LUCEAS b. (Middle) D. c. (Last) HUFFMAN

4. DATE OF DEATH (Month) (Day) (Year)
SEP. 6 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH FEB. 23 - 1899

9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CLERK

10b. KIND OF BUSINESS OR INDUSTRY
FED. RESERVE BANK

11. BIRTHPLACE (City and State or Foreign Country)
PLYMOUTH, IOWA

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
EDWARD HUFFMAN

13b. MOTHER'S MAIDEN NAME
MARY HELEN CHECOK

14. NAME OF HUSBAND OR WIFE
MARY HUFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
488-96-1675

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Mary Huffman 4037 Broomhayn, Kc. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Sclerosis with multiple infarctions.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Vascular Sclerosis.
DUE TO (c) Obesity.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH
6 months
6 months
1 year
6 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 Aug 6, 1954 to Sept 6, 1954, that I last saw the deceased alive on Sept 6, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) MD

23b. ADDRESS 1720 Professional Bldg. 23c. DATE SIGNED 9-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE SEP-8-1954

24c. NAME OF CEMETERY OR CREMATORY
MT. MORIAH

24d. LOCATION (City, town, or county) (State)
KANSAS CITY MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
9-7-54 Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
D. W. Newcomer 331-BAVON CREEK
Kan. City, Mo.

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

vi 8/80

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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. *403*

P. O. Address *A. C. ...*

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.