

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2087

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5970 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY OR TOWN <i>Dunnegan #2</i>	c. LENGTH OF STAY (in this place) <i>7 yrs.</i>	c. CITY OR TOWN <i>Dunnegan #2</i>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 miles W of Dignish</i>		e. STREET ADDRESS (If rural, give location) <i>6 miles East of Dunnegan 0840</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Flora</i> b. (Middle) <i>Eunice</i> c. (Last) <i>Huletts</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 2 1955</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 13 1898</i>	9. AGE (in years last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>20</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (City and State or Foreign Country) <i> Cedar Park Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>August Baker</i>	13b. MOTHER'S M maiden name <i>Mauda Wilkinson</i>	14. NAME OF HUSBAND OR WIFE <i>Virgil Hallie Huletts</i>
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15. WAS DEPOSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>513-18-4033</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Virgil H. Huletts</i>	ADDRESS <i>Dunnegan Mo</i>
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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 disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Decompensated Cor Pulmonale</i>		
	ANTECEDENT CAUSES <i>Congestive failure</i>		
DUE TO (b) _____		DUE TO (c) <i>Chronic Bronchial Asthma</i>	
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 <i>241x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 *1947*, 19 *1-2*, 19 *55*, that I last saw the deceased alive on *1-1*, 19 *55*, and that death occurred at *4:54* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. J. Quimby</i> (Degree or title)	23b. ADDRESS <i>Bolivar Mo.</i>	23c. DATE SIGNED <i>1-4-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <i>Prairie Grove Cemetery, 2 mi. W of Cottonwood Falls</i>	24d. LOCATION (City, town, or county) (State) <i>Kan</i>
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DATE REC'D BY LOCAL REG. <i>Jan 7, 1955</i>	REGISTRAR'S SIGNATURE <i>Ruby Gordon per J. Gordon</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Blair & Blair</i>	ADDRESS <i>Bolivar Mo</i>
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(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.....
Signature of Student Embalmer

Signed *William H. Erwin*.....

Licensed Embalmer No. *309*.....

P. O. Address *Burlington*.....

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.