

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4075

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Qulin</u>		c. CITY OR TOWN <u>Qulin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home of Father, Qulin</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHESTER</u>	b. (Middle) <u>LAVELLE</u>	c. (Last) <u>HUFFMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13 1911</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist & Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lowndes Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Huffman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Phelps</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>497-20-4968</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Huffman</u>	ADDRESS <u>Qulin, Missouri</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, 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) <u>Acute hemorrhage - Jugular Vein</u>		<u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Tongue and Larynx</u>		<u>1.5 mo +</u>
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	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 7/6, 1955, to _____, 19____, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 2:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Wallace A. Selsky M.D.</u> (Degree or title) <u>484</u>	23b. ADDRESS <u>Campbell, Mo.</u>	23c. DATE SIGNED <u>7/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Qulin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Qulin, Missouri</u>
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DATE REC'D BY LOCAL RES. <u>2/15/55</u>	REGISTRAR'S SIGNATURE <u>W. A. Minner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
FEB 20 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Christina M. Lendess* _____

Licensed Embalmer No. *422* _____

P. O. Address *Campbell, Pa.* _____

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.