

STANDARD CERTIFICATE OF DEATH

State File No. **4155**
Registrar's No. _____

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3194**

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY CAPE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN WHITE WATER RED#2) c. LENGTH OF STAY (in this place) 84 YRS		c. CITY WHITE WATER OR TOWN RED#2 d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RED#2		f. STREET ADDRESS (If rural, give location) RED#2 0160	

3. NAME OF DECEASED (Type or Print) NATHAN DANIEL HUFFMAN			4. DATE OF DEATH (Month) (Day) (Year) MAR 2 1955		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JAN. 6. 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 26	IF UNDER 1 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) LAFLIN MO		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
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13a. FATHER'S NAME NATHAN HUFFMAN		13b. MOTHER'S MAIDEN NAME ELIZABEN WILLIAMS		14. NAME OF HUSBAND OR WIFE MARY HUFFMAN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Huffman		ADDRESS White Water Mo	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken hip				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart condition DUE TO (c) Old age					
		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 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) 016	
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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 **Feb 28, 1955** to **March 2, 1955**, that I last saw the deceased alive on **Feb 28, 1955**, and that death occurred at **9 AM**, from the causes and on the date stated above.

23a. SIGNATURE Wm Davauld MD		(Degree or title)		23b. ADDRESS Delta mo		23c. DATE SIGNED March 4 '55	
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24a. BURIAL, CREMATION REMOVAL (Specify) B		24b. DATE MARCH 5 1955		24c. NAME OF CEMETERY OR CREMATORY BARKS CHAPEL		24d. LOCATION (City, town, or county) (State) WHITE WATER MO RED#2	
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DATE REC'D BY LOCAL REG. 3-7-55		REG. SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	
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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 *C. J. Lohrey*
Licensed Embalmer No. *3810*
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.