

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9748

State File No.

318

1003

Registrar's No. 2420

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6641 Garner Ave.		e. STREET ADDRESS (If rural, give location) 6641 Garner Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) H. c. (Last) Huffstutler			4. DATE OF DEATH (Month) (Day) (Year) Mar. 16 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1881		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laundryman		11. BIRTHPLACE (City and State or Foreign Country) Dunklin County, Mo.	
13a. FATHER'S NAME Jefferson Huffstutler			13b. MOTHER'S MAIDEN NAME Mary Louise Bray		14. NAME OF HUSBAND OR WIFE Osa D. Huffstutler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No.		16. SOCIAL SECURITY NO. 489-20-8329		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Osa D. Huffstutler, 6641 Garner Ave.	
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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) Carcinoma of tail of pancreas with metastases 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. Prepyloric Ulcer		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X	

22. I hereby certify that I attended the deceased from Apr. 26, 1954, to Mar. 5, 1955, that I last saw the deceased alive on Mar. 5, 1955, and that death occurred at March 16, 1955, from the causes and on the date stated above.

23a. SIGNATURE C. D. Vermillion, M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 3/16/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-16-55		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 16 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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..... *Elms R. Cadwell*

Licensed Embalmer No... *407*

P. O. Address *St. Louis*

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.