No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16146

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 31

750
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer (Rural)
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN: Thayer
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0750 0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Alfred
c. (Last): Huffman

4. DATE OF DEATH (Month) (Day) (Year): 3-29-55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 1-28-96
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (City and State or Foreign Country): Koshkonong, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W. Huffman
13b. MOTHER'S MAIDEN NAME: Ann Holloway
14. NAME OF HUSBAND OR WIFE: Icy Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum Cell Sarcoma of Bone Marrow

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 2000.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION: 3-5-55
19b. MAJOR FINDINGS OF OPERATION: Bone Marrow puncture Biopsy - Poor Reticulum Cell Sarcoma
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* Feb 15, 1955, *to* March 29 1955, *that I last saw the deceased alive on* March 26, 1955, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Cooper 0 MD
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: 5-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-55
24c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery
24d. LOCATION (City, town, or county) (State): Thayer oregon Missouri

DATE REC'D BY LOCAL REG.: 5-24-55
REGISTRAR'S SIGNATURE: Arthur Wolff 460
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leland Carter Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.