No. 300
10.48

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

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17220

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1048

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (In this place): 8 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: Pacific
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 0360 1

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle):
c. (Last): Huff

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 17, 1900
9. AGE (In years last birthday): 55
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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Residental
11. BIRTHPLACE (City and State or Foreign Country): Lonedell, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Stephen Huff
13b. MOTHER'S MAIDEN NAME: Mollie Phillips
14. NAME OF HUSBAND OR WIFE: Rose Huff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-14-7248
17. INFORMANT'S SIGNATURE OR NAME: Frank Huff
ADDRESS: St. Clair, Mo.

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) Concussion Cerebral Severe — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Subdural Hydroma Bilateral — 2 1/2 mo

DUE TO (c) Meningitis — 2 1/2 mo

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 10
19b. MAJOR FINDINGS OF OPERATION: Same 340.3
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.): Unknown
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pacific Mo
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* May 10, 1955, *to* May 6, 1955, *that I last saw the deceased alive on* May 5, 1955, *and that death occurred at* 6:28 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert D. Woolsey M.D.
23b. ADDRESS: 6944 Chamberlain St. Louis Mo
23c. DATE SIGNED: 8 May 55

24a. BURIAL, CREMATION, REMOVAL (Specify): [redacted] Removal
24b. DATE: 5-9-55
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Lonedell, Mo.

DATE REC'D BY LOCAL REG.: 5/8/55
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Casey + Lenat
ADDRESS: St. Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1960

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 K. M. Lenox.....

Licensed Embalmer No. 360

P. O. Address St. Clair,

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.