

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22786

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) Troy c. LENGTH OF STAY (In this place) 20 yrs
c. CITY OR TOWN Troy d. Is Residence within limits of a city unincorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Residence in Troy STREET ADDRESS (If rural, give location) No street address 0570

3. NAME OF DECEASED a. (First) Charles b. (Middle) Smith c. (Last) Huckstep 4. DATE OF DEATH (Month) (Day) (Year) July 30, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH August 30 1875 9. AGE (In years last birthday) 79 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) Judge 10b. KIND OF BUSINESS OR INDUSTRY County Court 11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Martin Huckstep 13b. MOTHER'S MAIDEN NAME Martha A. Smith 14. NAME OF HUSBAND OR WIFE Lennie Watts Huckstep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY 495-12-8949 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Huckstep, Troy, Missouri

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure acute
ANTECEDENT CAUSES (b) Hypostatic pneumonia 3 days
DUE TO (c) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4341

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) 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 Nov. 3, 1949 to July 30, 1955, that I last saw the deceased alive on July 30, 1955 and that death occurred at 8:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) H. K. Kelley D.O. 23b. ADDRESS Troy Mo. 23c. DATE SIGNED 8-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/2/55 24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery 24d. LOCATION (City, town, or county) (State) Elsberry, Missouri

DATE REC'D BY LOCAL REG. 8-6-55 REGISTRAR'S SIGNATURE Emma B. Riddle '62 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri

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

0.300
0.48

570

FILED AUG 8 - 1955

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Miss

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.