

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30321**

3049
5900

Registrar's No. **149**

0789

FILED OCT 13 1955

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Peru			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Peru		
b. CITY (If outside corporate limits, write RURAL, and give name of township) Briggsville, Perry		c. LENGTH OF STAY (In this place) 1 year	c. CITY (If outside corporate limits, write RURAL, and give township) Briggsville		d. STREET ADDRESS 180
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Memorial			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE b. (Middle) Y c. (Last) HUCKABA			4. DATE OF DEATH (Month) (Day) (Year) Sept-27-1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan-14-1888	9. AGE (In years) (Months) (Days) 67 8 13	10. IF UNDER 15 Hrs. None
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Lamar, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert D. Huckaba		13b. MOTHER'S MAIDEN NAME Zypha Ann Bruce		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Victoria Coultman		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis, Multiple				INTERVAL BETWEEN ONSET AND DEATH 36 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				unknown
	DUE TO (c) Senility & arteriosclerosis				"
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-25, 1955 , to 9-27, 1955 , that I last saw the deceased alive on 9-27-55, 19 , and that death occurred at 4:55 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Mary J. Price M.D.			23b. ADDRESS Hayti Mo		23c. DATE SIGNED 9-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-55	24c. NAME OF CEMETERY OR CREMATORY Little Prairie		24d. LOCATION (City, town, or county) (State) Peru Mo.	
DATE REC'D BY LOCAL REG. 10-3-55	REGISTRAR'S SIGNATURE John W. Herman	405	25. FUNERAL DIRECTOR'S SIGNATURE Lafayette Noel Co. Coultman		

(Licensed Embalmer's Statement on Reverse Side)

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

16-281-55

OCT 12 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Student Embalmer

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Mo

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 this body is not embalmed, fact should be so stated above.