

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. 34345

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY Polk

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution)
a. STATE Missouri b. COUNTY Polk

b. CITY (If outside corporate limits, write RURAL and give township) Baliviar N.W. Mo. 10.5 mi. c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN Baliviar (Mo.) d. Is Residence within limits of a city or incorporated town? Yes

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 mi. N.W. of Baliviar e. STREET ADDRESS (If rural, give location) 4 1/2 mi. N.W. of Baliviar

3. NAME OF DECEASED
a. (First) William b. (Middle) Steeley c. (Last) Huggins

4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1955

5. SEX M 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov 27 1885 9. AGE (In years last birthday) 69 10. IF UNDER 1 YEAR Months 11 11. IF UNDER 1 YEAR Days 1 12. CITIZEN OF WHAT COUNTRY? USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and State or Foreign Country) Polk Co. Mo

13a. FATHER'S NAME Tom Huggins 13b. MOTHER'S MAIDEN NAME Margaret Deubard 13c. NAME OF HUSBAND OR WIFE Joseph Huggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Joseph Huggins 18. ADDRESS Baliviar Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Med. Myofibrillar Tuberculosis Hemorrhage
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) Arterio sclerosis
DUE TO (c) 330X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 Oct. 1954, to Oct 28, 1955, that I last saw the deceased alive on Oct 25, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. A. Gumbert (Degree or title) _____ 23b. ADDRESS Baliviar Mo. 23c. DATE SIGNED 11-1-55

24a. BURIAL / CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 31/55 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) Baliviar Mo

DATE REC'D BY LOCAL REG. Nov. 12, 1955 REGISTRAR'S SIGNATURE Ralph Gordon 25. FUNERAL DIRECTOR'S SIGNATURE W. L. Green & Blue ADDRESS Baliviar Mo

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

NOV 1 1951

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 *Oby Jester*
Licensed Embalmer No. *415*

P. O. Address *Bolton*

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.