

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43435

State File No.

Registrar's No. 400

FILED JAN 25 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois Twp.</u>		c. CITY OR TOWN <u>Ironton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>21Y; 5M; 12D</u>		e. STREET ADDRESS (If rural, give location) <u>047^c/</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELLA</u> b. (Middle) <u>MAY</u> c. (Last) <u>HUFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 23, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1866</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>89 Unk. Unk.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>
11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Ironton, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Joseph Huff</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Mayfield</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hospital No. 4, Farmington, Mo.</u>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis - - - - -</u>		<u>Abt. 7 days.</u>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis - - - - -</u> DUE TO (c) <u>332XF</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Spontaneous minute fracture of the neck of the left femur (history of old fracture).</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Suicide Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mental Hospt. Ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Francois Twp. St. Francois Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-23-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Spontaneous fracture as above stated.</u>

22. I hereby certify that I attended the deceased from Nov. 23, 1955, to Dec. 23, 1955, that I last saw the deceased alive on Dec. 23, 1955, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John D. Brinson MD</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>12-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>
24d. LOCATION (City, town, or county) (State) <u>Ironton, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Dec. 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White's Funeral Home, Ironton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
0940

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 *Lyle H. White*.....
Licensed Embalmer No. *429*.....

P. O. Address *Proctor*.....

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.