No. 300
10-48

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1692

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5577 Registrar's No. 24

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

1. PLACE OF DEATH
a. COUNTY: BARTON-Jasper County Line
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Jasper Twsp.
c. LENGTH OF STAY (in this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STAR ROUTE MINDEN MINES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): STAR ROUTE MINDEN MINES 0060

3. NAME OF DECEASED (Type or Print)
a. (First) ETHELYNDE (Ethelynde)
b. (Middle) ESTHER
c. (Last) HUFFMAN

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 8 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 18, 1876
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (City and State or Foreign Country): BLOOMINGTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.C. WALKER
13b. MOTHER'S MAIDEN NAME: No DATA
14. NAME OF HUSBAND OR WIFE: BOB HUFFMAN

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.
17. INFORMANT'S SIGNATURE OR NAME: BOB HUFFMAN — ADDRESS: STAR ROUTE MINDEN MINES, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Renal Insufficiency & Abdominal Ascites	2 Mos.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Cardio-renal failure	6 Mos.
	DUE TO (c) Arteriosclerosis & Diabetis Mellitus	3 yrs.
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: 442X
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) 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* June 25, 1953, *to* Feb. 6, 1956, *that I last saw the deceased alive on* Feb. 6, 1956, *and that death occurred at* 1215P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. H. Kuellaud, D.O.
23b. ADDRESS: Liberal, Mo.
23c. DATE SIGNED: 2-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/11/1956
24c. NAME OF CEMETERY OR CREMATORY: NASHVILLE CEMETERY
24d. LOCATION (City, town, or county): NASHVILLE (State): MO

DATE REC'D BY LOCAL REG.: 2-10-56
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE-LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 13 1956
Jasper County Health Office
County File Number 56-2-153
Date Filed FEB 13 1956

FEB 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.