

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2042**
 BIRTH NO. **2433-56** REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **4-56**

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tuscumbia</b>		c. LENGTH OF STAY (in this place) <b>1 DAY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Humphreys Osteopathic Hosp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tuscumbia, rural, Osage 2660</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kelvin</b> b. (Middle) <b>Alva</b> c. (Last) <b>Huffman Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-14-56</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Jan. 13, 1956</b>
9. AGE (In years last birthday) <b>1 DAY</b>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Tuscumbia, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Kelvin Alva Huffman</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Belle Patterson</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Kelvin Alva Huffman</b> ADDRESS <b>Tuscumbia, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalopathy due to Anoxia, nec</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>naturium</b> DUE TO (c) <b>Compression &amp; strangulation of cord at birth</b> 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 <b>76/10</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <b>1/13, 1956</b> , to <b>1/14/56</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1/14/1956</b> , and that death occurred at <b>2:45 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>M. E. Humphreys D.O.</b> (Degree or title)		23b. ADDRESS <b>Tuscumbia, Mo.</b>	
23c. DATE SIGNED <b>1-16-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 14, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Point</b>		24d. LOCATION (City, town, or county) (State) <b>Iberia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 23, 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs. W. E. Kallenberch</b> ADDRESS <b>522 Hedge Street Tuscumbia Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1916

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 Walter P. Keays

Licensed Embalmer No. 4265

P. O. Address Peru, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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