No. 300
10-48

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14361

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville
d. STREET ADDRESS (If rural, give location): 0.928

3. NAME OF DECEASED (Type or Print)
a. (First): Cindy
b. (Middle): Rae
c. (Last): Huff

4. DATE OF DEATH (Month) (Day) (Year): April 26 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 16, 1954
9. AGE (In years last birthday): 2 — If under 1 year: Months 1, Days 10 — If under 1 hr.: Hours, Min.

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

13a. FATHER'S NAME: Warren Huff
13b. MOTHER'S MAIDEN NAME: Ann Breedlove
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Warren Huff — ADDRESS: Wentzville, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mental Retardation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490X
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* March, 1954, *to* 4/26, 1956, *that I last saw the deceased alive on* 4/25, 1956, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. C. McMurray M.D.
23b. ADDRESS: Wentzville, Mo.
23c. DATE SIGNED: 4/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27, 1956
24c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery
24d. LOCATION (City, town, or county) (State): Wentzville, Missouri

DATE REC'D BY LOCAL REG.: May 7 1956
REGISTRAR'S SIGNATURE: Walter F. Huff
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Munchmy
ADDRESS: Wentzville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Howard O. Kesler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo

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

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