

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20346**

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **5542** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY Howard County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Bonne Femme Twp) c. LENGTH OF STAY (in this place) 15 yrs		c. CITY OR TOWN Fayette d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 5 Fayette, Mo. STREET ADDRESS (If rural, give location) Rural-Bonne Femme Twp. 0450			

3. NAME OF DECEASED (Type or Print) a. (First) GREENBERRY b. (Middle) _____ c. (Last) HUDDLESTON			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1904	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Month 11 Day 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Linn Creek, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Murrill Tolliver Huddleston	13b. MOTHER'S MAIDEN NAME Mary E. Patterson	14. NAME OF HUSBAND OR WIFE Capitola L. Dougherty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 703-03-3719	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewey Dougherty R.R. 5 Fayette, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound of chest		INTERVAL BETWEEN ONSET AND DEATH 7 minutes
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE OR HOMICIDE (Specify) unintentional	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural-Bonne Femme Howard Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-12-56 8A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wound - by unknown Person or persons unknown

22. I hereby certify that I attended the deceased from **June 12, 1956**, to **June 12, 1956**, that I last saw the deceased alive on **June 12, 1956**, and that death occurred at **8A.** m., from the causes and on the date stated above.

23a. SIGNATURE (In case or title) (Mrs) G. Shaw, Jr M.D.	23b. ADDRESS Lee Hospital, Fayette, Mo	23c. DATE SIGNED 6-19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/14/1956	24c. NAME OF CEMETERY OR CREMATOR City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
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DATE REC'D BY LOCAL REG. 6-19-56	REGISTRAR'S SIGNATURE Mary R. Shell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1951

1951 8 9 1951

2-61 & 2-10-51

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 Raymond A. Carr

Licensed Embalmer No. 33

P. O. Address Jayville

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