

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. **22935**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **391**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Quilin)	
c. LENGTH OF STAY (in this place) 2 WKS		d. STREET ADDRESS (If rural, give location) Pte.1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) EVALINA	b. (Middle) EVA	c. (Last) HUFF	4. DATE OF DEATH (Month) (Day) (Year) July 14 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1889	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months 1 Days 12	11. UNDER 2 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Berry Bostick	13b. MOTHER'S MAIDEN NAME Fannie Hefflin	14. NAME OF HUSBAND OR WIFE Deceased
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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. None	17. INFORMANT'S SIGNATURE OR NAME Pearl Metcalf, Quilin, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7-1-56
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-30**, 19**56**, to **7-14**, 19**56**, that I last saw the deceased alive on **7-14**, 19**56**, and that death occurred at **12:05P** m., from the causes and on the date stated above.

23a. SIGNATURE John H. Muehchen M.D. (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 7-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Brown Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Broseley, Mo. Rte.1
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DATE REC'D BY LOCAL REG. 7/18/56	REGISTRAR'S SIGNATURE J.H. Muehchen	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 24 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

JUL 30 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Christina M. Landess*

Signed
Student Embalmer

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Mo*

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