

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26448

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5404 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava R Finley		c. CITY OR TOWN Ava	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # 0
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Matthew Huffman			4. DATE OF DEATH Aug. 7, 1956		
a. (First)	b. (Middle)	c. (Last)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Huffman	13b. MOTHER'S MAIDEN NAME Sarah Goforth	14. NAME OF HUSBAND OR WIFE Ollie Huffman
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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. 498 28 4997	17. INFORMANT'S SIGNATURE OR NAME Ollie Huffman ADDRESS Ava, Missouri
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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, ashenia, 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) Acute Coronary Occlusion		10 yr ±
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Heart Disease DUE TO (c) Chronic Myocarditis		10 yr ±
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)	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 **3-15**, 1950, to **8-4**, 1956 that I last saw the deceased alive on **8-7**, 1956, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. C. Gentry M.D.	23b. ADDRESS Ava, Mo	23c. DATE SIGNED 8-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8 12 56	24c. NAME OF CEMETERY OR CREMATORY Denney	24d. LOCATION (City, town, or county) (State) Ava Missouri
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DATE REC'D BY LOCAL REG. Aug 15 56	REGISTRAR'S SIGNATURE Uestel Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard ADDRESS Funeral Home Ava Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Charles R. Fisk

Licensed Embalmer No. *4667*

P. O. Address *Adm, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.