

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44657

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 70

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| 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, give TOWNSHIP only) OR TOWN Ava | | c. CITY OR TOWN Ava | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Ada E Middle Huff Last | | | 4. DATE OF DEATH Month Dec. Day 24 Year 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 24 1882 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Fountain Grove Missouri | |
| 13. FATHER'S NAME Arrin Dan Brickles | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 14. MOTHER'S MAIDEN NAME Catherine Bonera | | | 17. INFORMANT Mrs. Beasie Jones Kansas City, Mo | | |
| 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 | | Address | |

| | | | |
|---|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure | | | INTERVAL BETWEEN ONSET AND DEATH Immediate 10 yrs 20 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes | | | |
| DUE TO (c) Hypertension | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|------------------------------|--------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

| | |
|--|---------------------------------|
| 21. I attended the deceased from Dec 24/56 to Dec 24/56 and last saw her/him alive on Dec 24/56 Death occurred at 12:45 A M on the 24th day stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>[Signature]</i> | 22b. ADDRESS Ava, Mo. |
| 22c. DATE SIGNED 1-21-57 | |

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|---|--------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12 24 1956 | 23c. NAME OF CEMETERY OR CREMATORY Ava | 23d. LOCATION (City, town, or county) (State) AVA MO. |
| 24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home Ava Mo. | | 25. DATE RECD. BY LOCAL REG. 1-21-57 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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. Fish*

Licensed Embalmer No. *46*

P. O. Address *Rva, m*

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