

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44699**  
**5693**

FILED JAN 22 1957

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Morris</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (If in this place) <b>12 days</b>		c. CITY OR TOWN <b>Council Grove</b>		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 <b>St Joseph Hospt.</b>				STREET ADDRESS (If rural, give location) <b>g w s</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carl</b>		b. (Middle) <b>I</b>		c. (Last) <b>Huffaker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 29 56</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 24 1880</b>	
9. AGE (In years) (If under 1 year, give Months) (If under 12 mos., give Days) (If under 24 hrs., give Hours) (If under 60 mins., give Mins.) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Banker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas L. Huffaker</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Kate L. Huffaker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kate L. Huffaker Council Grove, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		II. OTHER SIGNIFICANT CONDITIONS (b) <b>esophageal obstruction</b> (c) <b>esophagitis</b>				<b>1 day</b> <b>3 weeks</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Due to (b) esophageal obstruction</b>				<b>5391</b>	
19a. DATE OF OPERATION <b>12-19-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Autopsy</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-17</b> , 19 <b>56</b> , to <b>12-27</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>12-29</b> , 19 <b>56</b> , and that death occurred at <b>5:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Roy F. Drake</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1032 Professional Building</b>		23c. DATE SIGNED <b>12-30-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12 29 56</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Council Grove Mo. Kans.</b>	
DATE REC'D BY LOCAL REG. <b>12-31-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine McClure</b>		ADDRESS <b>Kansas City MO</b>	

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 *Elmo D. Tipton*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas City*.....

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.