

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 22 1957

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) STATE <u>Mo. Bessville</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Lutesville</u>	c. LENGTH OF STAY (In this place) <u>ambros life</u>	c. CITY OR TOWN <u>Bessville,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ambros life</u>		e. STREET ADDRESS (If rural, give location) <u>Bessville, Mo 64701</u>	
3. NAME OF DECEASED (First) <u>Juanita</u> (Type or Print) (Middle) _____ (Last) <u>Huff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15-1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-28-1881</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	IF UNDER 12 HRS. Hours <u>8</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bollinger Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>		13a. FATHER'S NAME <u>William T. Huff</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Huff</u>		ADDRESS <u>Lutesville, Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u> <u>3 yrs.</u>	
DUE TO (c) <u>arteriosclerosis</u> <u>6 yrs.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. glomerulonephritis</u> <u>6 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>Jan 15, 1957</u> , to <u>Jan 15, 1957</u> , that I last saw the deceased alive on <u>Jan 15, 1957</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James D. Springer D.O.</u>		23b. ADDRESS <u>Lutesville, Mo.</u>	
23c. DATE SIGNED <u>1-17-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Lutesville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>Lutesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-17-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buf. L. Craker</u>	

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 *A. J. Baker*

Licensed Embalmer No. *3573*

P. O. Address *Lutherville*

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.