

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8209

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5431</u>		Registrar's No. <u>604</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Prairie</u>		c. LENGTH OF STAY (In this place) <u>82 yrs</u>		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 <u>Lonedell Route</u>				e. STREET ADDRESS (If rural, give location) <u>Lonedell Route</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Andrew</u>		b. (Middle)	c. (Last) <u>Huff</u>		(Month) (Day) (Year)	<u>Mar. 22, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1874</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lonedell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Andrew Huff</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Haynes</u>		14. NAME OF HUSBAND OR WIFE <u>Ophelia Huff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velma Boyster</u>		ADDRESS <u>Lonedell, 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, asthma, 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) <u>LEFT VENTRICULAR FAILURE</u>				<u>5 DAYS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC PASSIVE CONGESTION</u>				<u>5 YRS</u>	
		DUE TO (c) <u>ARTHRIOSCLEROTIC C.V. DISEASE</u>					
		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  <u>4221</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (Min.)		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>1951</u> , to <u>Death</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>57</u> , and that death occurred at <u>3-22-57</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Bear, M.D.</u>				23b. ADDRESS <u>St. Clair, Mo.</u>		23c. DATE SIGNED <u>3-22-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lonedell, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-28-57</u>		REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey-Lenox</u>		ADDRESS <u>St. Clair, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1957

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 *K. M. Leno*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair*

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.