Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 14112

Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Los Angeles
c. CITY OR TOWN Compton 5040 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Howard Last Huff

4. DATE OF DEATH Month April Day 5 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 1, 1930
9. AGE (In years last birthday) 26
IF UNDER 1 YEAR: Months 11 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Dealer
10b. KIND OF BUSINESS OR INDUSTRY Used Car Lot
11. BIRTHPLACE (City and state or country) Alton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lester Lewis Huff
14. MOTHER'S MAIDEN NAME Dessie Linda Howell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO.
17. INFORMANT Donald R. Huff, Address Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Reason Unknown _ Verdict of Coroner's Jury.
DUE TO (c) Body found in car on Hwy 19 8Mi. North of Thayer
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 8919 46

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Undetermined ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 4:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee D. Martin (Degree or title) Coroner
22b. ADDRESS Thayer, Mo.
22c. DATE SIGNED 4-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 7, 1957
23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery
23d. LOCATION (City, town, or county) Oregon County, Missouri (State)

24. FUNERAL DIRECTOR Leland Carter ADDRESS Thayer, Mo
25. DATE RECD. BY LOCAL REG. 4/22/57
26. REGISTRAR'S SIGNATURE Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

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MAY 3 1957

MAY 15 1957

JUN 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Leland Carter

Licensed Embalmer No. 457

P. O. Address Thayer, M

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