

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31937**
4027

FILED SEP 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		a. STATE <u>MO</u>		b. COUNTY <u>Johnson</u>		
c. LENGTH OF STAY (In this place) <u>14 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg Mo</u>		d. STREET ADDRESS (If rural, give location) <u>316 Christopher</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>ELBERT G</u>			b. (Middle) <u>HUFFMAN</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1957</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-8-83</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Crosstimbers, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD B. HUFFMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA J. BARNETT</u>		
14. NAME OF HUSBAND OR WIFE <u>LUCRETIA MARY HUFFMAN</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>MRS. A. THIEL, COMMODORE HOTEL, K.C. MO.</u>		
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) <u>Arteriosclerotic Heart Disease</u>		ANTECEDENT CAUSES				6 mo.		
*This does not mean the mode of dying, such as heart failure, asthma, 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.				DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS				4200		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia.</u>		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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>8 July, 1957</u> to <u>28 Aug, 1957</u> , that I last saw the deceased alive on <u>28 Aug, 1957</u> , and that death occurred at <u>10:05 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John F. McDonnell, M.D.</u>		23b. ADDRESS <u>315 Nichols Road, Kansas City, Missouri</u>		23c. DATE SIGNED <u>28 Aug 57</u>				
24a. RITUAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>31 Aug 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crosstimbers</u>		24d. LOCATION (City, town, or county) (State) <u>Crosstimbers, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-28-57</u>		REGISTRAR'S SIGNATURE <u>Anna Minalall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>WARRENSBURG, MO</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John F. McDonnell



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 _____
Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mo.

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 this body is not embalmed, fact should be so stated above.