

Health,
& Welfare
Public
Service

S. 300
v. 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39119

STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAMAR		c. CITY OR TOWN MINDEN MINES <i>2060</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARTON COUNTY MEMORIAL HOSPITAL		d. STREET ADDRESS BOXHOLDER	
Length of stay in 1b 1 DAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROBERT Middle C. Last HUFFMAN			4. DATE OF DEATH NOVEMBER 20, 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	11. BIRTHPLACE (City and state or country) NO DATA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME NO DATA	14. MOTHER'S MAIDEN NAME NO DATA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MR H. J. HOWERTON, JOPLIN, MISSOURI
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH Years Years Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) Hypertension 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Hepatitis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION NASHVILLE COUNTY MISSOURI STATE MISSOURI
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21. I attended the deceased from **1948** to **Nov. 20, 57** and last saw her/him alive on **Nov. 20, 57**
Death occurred at **3:45 PM** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert M. Arnold M.D. (Degree or title)	22b. ADDRESS Lamar, Missouri	22c. DATE SIGNED 11-26-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-22-1957	23c. NAME OF CEMETERY OR CREMATORY NASHVILLE	23d. LOCATION (City, town, or county) (State) NASHVILLE, MISSOURI
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24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 29 1957	26. REGISTRAR'S SIGNATURE Marie Konantz
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STATEMENT BY LICENSED EMBALMER

Always
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 *Richard H. Lee*
.....

Licensed Embalmer No. *4400*

P. O. Address *Webb Co*

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.