

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013603

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 70

S. 300

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LIBERTY TOWNSHIP</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>NORTH KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>I.O.O.F. HOSP.</b>		d. STREET ADDRESS <b>1223 East 23rd. St.</b>	
Length of stay in lb <b>1 WEEK</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>NEWTON SCARCE HUFFORD</b>			4. DATE OF DEATH Month Day Year <b>APRIL 7, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 10, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING</b>	11. BIRTHPLACE (City and state or country) <b>PLATTE COUNTY, MO.</b>
13a. FATHER'S NAME <b>JOHN HARVEY HUFFORD</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY SCARCE</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
14. NAME OF HUSBAND OR WIFE <b>SUSAN E. MOORE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>_____</b>		17. INFORMANT Address <b>J. H. HUFFORD EUREKA, KANSAS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>4500</b>
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.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from <b>April 1-58</b> to <b>Apr 7</b> and last saw him alive on <b>April 6</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm H Goodson M.D.</b>		22b. ADDRESS <b>Liberty Mo</b>	
22c. DATE SIGNED <b>4/8/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>APR. 9, '58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SECOND CREEK CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>PLATTE COUNTY, MO.</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>MCCOMAS FUNERAL HOME, SMITHVILLE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-1-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Nabel Graham</b>			



MAY 6 1958

### 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 *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....  
P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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