

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028194

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 213 W. Ash St		d. STREET ADDRESS 111 So 5th St.	
Length of stay in 1b 1 week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Ernest Last Huggett			4. DATE OF DEATH Month Aug. Day 29 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5. 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor	10b. KIND OF BUSINESS OR INDUSTRY and Builder	11. BIRTHPLACE (City and state or country) Atchison, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME H. S. Huggett	14. MOTHER'S MAIDEN NAME Clara ?
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. D.K	17. INFORMANT Mrs. W.E. Huggett	Address Columbia, Mo
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis -		5 yrs
	DUE TO (c) Chronic Myo carditis		5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221		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.) 4221
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20c. TIME OF INJURY Hour 11:00 Month, Day, Year Aug 29 1958	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION Columbia	COUNTY Boone	STATE Mo
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21. I attended the deceased from June 1956 to Aug 29 1958 and last saw for him alive on Aug 28 1958 Death occurred at at home m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Paul D. Welch M.D.	22b. ADDRESS 1100 Prof Bldg. Columbia Mo	22c. DATE SIGNED Aug 29 1958
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23a. BURIAL, CREMATION, or other disposition Burial	23b. DATE Aug, 31, 1958	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Fulton Mo
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24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton Mo	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Aug 30 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Denzil C. Browning*

Licensed Embalmer No. *275*

P. O. Address *Fulton,*

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