

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032473
STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 8

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence/Admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rocheport		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in 1b 12 hrs.	d. STREET ADDRESS (If outside, give location) ----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LENA Middle ELIZABETH Last HUNTINGTON			4. DATE OF DEATH Month SEPT. Day 17, Year 1958		
5. SEX Female	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 Feb. 16, 1880	9. AGE (In years, months, days, hours, min.) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper		10b. KIND OF BUSINESS OR INDUSTRY Rocheport Bank		11. BIRTHPLACE (City and state or country) Howard County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Alexander		13b. MOTHER'S MAIDEN NAME Mollie Elgin	
14. NAME OF HUSBAND OR WIFE James P. Huntington		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. ----	
17. INFORMANT Mrs Fred Alexander Fayette, Missouri		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 vascular accident		INTERVAL BETWEEN ONSET AND DEATH 2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		DUE TO (c) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> natural		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) none	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		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 Rocheport		COUNTY Boone		STATE Missouri	
21. I attended the deceased from July, 1950 to Sept 17, 1958 and last saw her alive on Sept 17, 1958 Death occurred at Rocheport, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm J. Shaw Jr M.D. (Degree or title)			22b. ADDRESS Lee Hospital, Fayette, Mo.		22c. DATE SIGNED 9-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/21/1958	23c. NAME OF CEMETERY OR CREMATORY Rocheport Cemetery		23d. LOCATION (City, town, or county) (State) Rocheport, Missouri	
24. FUNERAL DIRECTOR Kelph A. Carr		ADDRESS Fayette, Mo.		25. DATE RECD. BY LOCAL REG. 9-20-58	26. REGISTRAR'S SIGNATURE Mary K. Shell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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, ~~of~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, Me*

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.