

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038779
STATE FILE NUMBER

FILED DEC 4 1950 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Length of stay in lb 7 hrs	d. STREET ADDRESS (If outside, give location) 814 S. Grove			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Frederich Last Huff				4. DATE OF DEATH Month Nov. Day 24 Year 1958			
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. 14, 1880		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 00 Days 43	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Barnesville, Ohio /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Early Huff			13b. MOTHER'S MAIDEN NAME Sarepta A. Bell		14. NAME OF HUSBAND OR WIFE Bina Mae House Huff		
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. 491-05-7046	17. INFORMANT Address Mr. Harold Huff Mexico, 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 hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hypertensive cardio vascular disease						DUE TO (c) 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) 443X				
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" 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 3-20-53 to 11-24-58 and last saw her alive on 11-24-58 Death occurred at 7 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ernest S. Yant MD			22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 4-26-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-26-58	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park		23d. LOCATION (City, town, or country) (State) Mexico, Missouri		
24. FUNERAL DIRECTOR Arnold Funeral Home			ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 26-1958	26. REGISTRAR'S SIGNATURE Blanche Neely		

MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.
 Diseases in Part II must be causally related to the terminal disease condition given in Part I (a).
 Do not use any standard nomenclature in Part II. No symptoms will be listed.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Scott White*

Licensed Embalmer No. *4780*

P. O. Address *Melico, m*

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.