Health, Welfare Public Service

300 -57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003983

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Manchester — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Manchester Nursing Home — Length of stay in Ib: 13 mons.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Sangamon
c. CITY OR TOWN: Springfield 9120 8 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2268 Yale Blvd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Osceola Middle: Last: Huff

4. DATE OF DEATH: Month: January Day: 28 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ] 2

8. DATE OF BIRTH: May 22, 1879

9. AGE (In years on last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building Trades

11. BIRTHPLACE (City and state or country): Salem, Ill. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Nathaniel Huff

13b. MOTHER'S MAIDEN NAME: Julia King

14. NAME OF HUSBAND OR WIFE: Edna

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.: Unknown

17. INFORMANT: June Moore, Address: 3331 Missouri Ave.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cancer of the Lungs — INTERVAL BETWEEN ONSET AND DEATH: Don't Know
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): Senility 163 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]

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 Dec. 22, '58 to Jan. 27th, '59 and last saw him alive on Jan. 27th, '59
Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Lafley, D.O. **22b. ADDRESS**: Box 122, Manchester, Mo. **22c. DATE SIGNED**: 1-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 1-28-59 **23c. NAME OF CEMETERY OR CREMATORY**: Local **23d. LOCATION** (City, town, or county) (State): Springfield, Ill.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd. **25. DATE RECD. BY LOCAL REG.**: 1-28-59 **26. REGISTRAR'S SIGNATURE**: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis 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.