

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008146

STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 352 Primary Registration District No. 6189 Registrar's No. 25

health, Welfare, public service
300
-57
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TANEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KISSEE MILLS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN KISSEE MILLS ¹⁰⁶⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb 5 MO.	d. STREET ADDRESS (If outside, give location) KISSEE MILLS
3. NAME OF DECEASED (Type or print) First Middle Last ETHEL IRENE HUFFMAN			4. DATE OF DEATH Month Day Year MAR. 2, 1959
5. SEX Female	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 MAR. 16, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY House	9. AGE (In years last birthday) Months Days Hours Min. 74 11 16
13a. FATHER'S NAME Geo. Parmenter		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) MINN.
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. 572-03-91358	12. CITIZEN OF WHAT COUNTRY? U. S. A.
14. NAME OF HUSBAND OR WIFE Eddie Huffman		17. INFORMANT Address Eddie Huffman Kisses Mills Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio sclerosis heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs
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.) 4200	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/1/59 to 3/2/59 and last saw her/him alive on 3/2/59 2 days on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Farm 10 Mo	
22c. DATE SIGNED 3/2/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/2/59	23c. NAME OF CEMETERY OR CREMATORY Kisses Mills Cemetery
23d. LOCATION (City, town, or county) Kisses Mills, Mo			
24. FUNERAL DIRECTOR W. L. Webb ADDRESS Farm 10 Mo		25. DATE RECD. BY LOCAL REG. 3-6-59	26. REGISTRAR'S SIGNATURE Helen Campbell

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address San Diego, Ca

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.