

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008685

STATE FILE NUMBER

FILED MAR 18 1959

Registration District No.

59

Primary Registration District No.

Registrar's No.

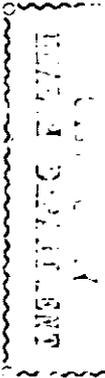
49

1. PLACE OF DEATH a. COUNTY <b>Cass</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Belton</b> <i>019C</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>808 Cedar</b>		Length of stay in lb <b>60 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>808 Cedar</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Franklin</b> Last <b>Huggins</b>			4. DATE OF DEATH Month <b>Mar</b> Day <b>4</b> Year <b>1959</b>		
5. SEX <b>Male</b> <i>C</i>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>oct 14, 1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Water Dept</b>	11. BIRTHPLACE (City and state or country) <b>Stillwell, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George F. Huggins</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A Browning</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Huggins</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497 36 2726</b>		17. INFORMANT Address <b>Laura Huggins 808 Cedar, Belton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 da</b>
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.)		
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 COUNTY STATE	
21. I attended the deceased from <b>28 Feb 59</b> to <b>4 Mar 59</b> and last saw him alive on <b>3 Mar 59</b> Death occurred at <b>6:25 PM.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. Hyle MD</b> (Degree or title) <b>M D C</b>			22b. ADDRESS <b>Hoepfer Bldg, Grandview, Mo.</b>		22c. DATE SIGNED <b>3-5-59</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-6-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>E.K. George &amp; Sons Inc, Belton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-12-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Ray Selmer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, or by ....., Student Embalmer No. .... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed *[Handwritten Signature]* .....

Licensed Embalmer No. *494* .....

P. O. Address *Grandview* .....

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.