

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017768  
STATE FILE NUMBER  
REGISTRAR'S NO. 2364

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2436 Tracy		Length of stay in lbs.: 15yrs	d. STREET ADDRESS (If outside, give location) 2436 Tracy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last JANNIE HUFFMAN			4. DATE OF DEATH Month Day Year 5 11 59	
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5. SEX female <input checked="" type="checkbox"/>	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 10, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grimes County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lem Hill	13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE Jonas Huffman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Lillie Payne 2442 Tracy Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH
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"/>

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
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21. I attended the deceased from *9:10 5/11/59* to *5/11/59* and last saw her alive on *5/11/59*  
Death occurred at *9:10 5/11/59* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *L. S. Daigle, M.D.* (Degree or title) 22b. ADDRESS *2122 Truman Rd* 22c. DATE SIGNED *5/11/59*

23a. BURIAL, CREMATION, or other disposition (Specify) burial	23b. DATE 5-16-59	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
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24. SPECIAL DIRECTOR'S OFFICE Watkins Bros. Fu. Home Town Benton	25. DATE RECD. BY LOCAL REG. 5-12-59	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>
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L. S. Daigle 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 *Bruce B. Watkins* .....

Licensed Embalmer No. *4500* .....

P. O. Address *10<sup>th</sup> Benton* .....

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.

