

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
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FILED VS SEP 16 1959

59-034888

Registration District No. 333 Primary Registration District No. 3044 Registrar's No. 158

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in 1b <u>20 YRS</u>		c. CITY OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>614 Dorothy</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>614 Dorothy</u>			
3. NAME OF DECEASED (Type or print) First <u>Kate</u> Middle <u>Milicent</u> Last <u>Huyff</u>				4. DATE OF DEATH Month <u>8</u> Day <u>-28-</u> Year <u>1959</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-22-1872</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ELMWOOD ILL</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ISAAC HUYFF</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LYNCH</u>			14. NAME OF HUSBAND OR WIFE <u>Mr. C. D. Dray Sikeston Mo.</u>			
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.		17. INFORMANT Address <u>Mr. C. D. Dray Sikeston Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sporadic Paralysis = Hypertension</u> DUE TO (b) <u>C.V. Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH		
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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 <u>3/26/57</u> , to _____ and last saw her alive on <u>6-22-59</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Thomas C. McClure M.D.</u>				22b. ADDRESS <u>Sikeston, Mo.</u>				22c. DATE SIGNED <u>9-11-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Burial</u>		23b. DATE <u>8-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CITY</u>		23d. LOCATION (City, town, or county) <u>ELMWOOD ILL.</u>				
24. FUNERAL DIRECTOR <u>Webb Funeral Home, Sikeston Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Marjella Hunter</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sekeston

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.