

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042788

FILED VS DEC 3 1959 317

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 541 Registrar's No. 2935

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Defiance	
Length of stay in 1b 3 Wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If outside, give location) Rt 1 Box 135	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James A Middle Huff Last Huff			4. DATE OF DEATH Month 11 Day 5 Year 59			
---	--	--	---	--	--	--

5. SEX Male	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 3/12/1935	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Attendant	10b. KIND OF BUSINESS OR INDUSTRY Service Sta.	11. BIRTHPLACE (City and state or country) Leadwood Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	---	--

13a. FATHER'S NAME HARRY HUFF	13b. MOTHER'S MAIDEN NAME ANNIE HENSON	14. NAME OF HUSBAND OR WIFE JO ANN HUFF
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. 499-34-7230	17. INFORMANT Jo Ann Huff Rt. 1 Defiance Mo.
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Overwhelming infection with multiple abscesses.	
DUPLICATE TO (b)	Uncontrolled Juvenile Diabetes mellitus.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUPLICATE 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 type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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.) None
---	---	---

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 10-16-59 to 11-5-59 and last saw him alive on 11-5-59 Death occurred at 12:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marshall J. W. W. (Degree or title)	22b. ADDRESS 601 So. Brentwood	22c. DATE SIGNED 11/5/59
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/9/59	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) St. Louis County Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.	25. DATE RECD. BY LOCAL REG. 11-5-59	REGISTRAR'S SIGNATURE John C. Murphy M.D.
---	--	---

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 Sheldon Collins

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.