

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN - 5 1960 133

Registration District No. 3022 Registrar's No. 171

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY HARRISON		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 BETHANY		Length of stay in lb 2 HR.	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 NOLL MEMORIAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3415 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARILYN Middle ROSETTA Last HUXLEY			4. DATE OF DEATH 12-27-1959 Month 12 Day 27 Year 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 7-20-1935
9. AGE (last birthday) 24		IF UNDER 1 YEAR Months 7 Days 20 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) VANBUREN COUNTY, IOWA
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME FRANK HOOTMAN	
13b. MOTHER'S MAIDEN NAME VELMA FINGER		14. NAME OF HUSBAND OR WIFE JAMES HUXLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DO NOT KNOW		16. SOCIAL SECURITY NO. DO NOT KNOW	17. INFORMANT Frank Hootman, Birmingham, Iowa. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull, shock, multiple lacerations + fractures both legs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
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 checked="" 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 checked="" 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.) AUTO ACCIDENT HIGHWAY #136	
20c. TIME OF INJURY 3:30 P.M. Hour 3:30 a.m. P.M. Month, Day, Year 12-27-1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		20f. CITY, TOWN, OR LOCATION HIGHWAY #136 1 1/4 MILE EAST OF BETHANY, MO. COUNTY STATE 	
21. I attended the deceased from Dec 27 5p and last saw her alive on Dec 27 5p Death occurred at 7 30p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Miriam Lambert (Deceased or title) M. D.		22b. ADDRESS BETHANY, MO.	22c. DATE SIGNED 12-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-28-1959	23c. NAME OF CEMETERY OR CREMATORY Burch Funeral Home	23d. LOCATION (City, town, or county) (State) Birmingham, Iowa
24. FUNERAL DIRECTOR M. Lambert ADDRESS BETHANY, MO.		25. DATE RECD. BY LOCAL REG. Dec 28-1959	26. REGISTRAR'S SIGNATURE Gella Mayey

(Licensed Embalmer's Statement on Reverse Side)

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

Student _____
Signature of Student Embalmer

Signed 
M. B. HAAS

Licensed Embalmer No. 3899

P. O. Address BETHANY, MO.

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.