

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

60-014188

STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. 3006 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>Boone</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>Columbia, Missouri</b>		Length of stay in 1b <b>33 days</b>		c. CITY OR TOWN <b>Pleasant Hill, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR U. of Missouri INSTITUTION <b>Medical Center</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Oliver</b> Middle <b>Carl</b> Last <b>Huffman</b>				4. DATE OF DEATH Month <b>April</b> Day <b>9</b> Year <b>1960</b>						
5. SEX <b>Male</b>	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>8-2-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Eureka Springs, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>			
13a. FATHER'S NAME <b>James Huffman</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Gooding</b>			14. NAME OF HUSBAND OR WIFE <b>Bessie Huffman</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>487-09-48</b>		17. INFORMANT Address <b>Medical Record U. of Mo. Med Center</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>Acute Pulmonary Embolus</b> DUE TO (b) <b>Anteriorly placed Heart Disease</b> DUE TO (c) <b>Diabetic Mellitus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b> <b>years</b> <b>years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cancer of the Prostate</b>						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 checked="" 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 <b>3-8-60</b> to <b>PRESENT</b> and last saw <sup>her</sup> him <sup>live</sup> on <b>4-9-60</b> Death occurred at <b>750 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Dale B. Sparks, M.D.</b>				22b. ADDRESS <b>University Hosp. Columbia, Mo</b>				22c. DATE SIGNED <b>4-9-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-12-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>		23d. LOCATION (City, town, or county) <b>Pleasant Hill Mo</b>					
24. FUNERAL DIRECTOR <b>Lyman Sprinkle, Columbia</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>April 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

DOCUMENT

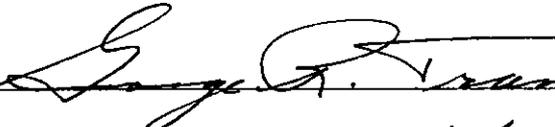
MEDICAL CERTIFICATION

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  \_\_\_\_\_

Licensed Embalmer No. 442

P. O. Address Calumet

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.