

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028035

FILED VS JUL 20 1960

316

283

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST FRANCOIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins-rural		Length of stay in 1b		c. CITY OR TOWN ELVINS-RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD#1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BIRDIE Middle MAY Last HUFF				4. DATE OF DEATH Month JULY Day 12 Year 1960					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1-22-1896		9. AGE (last birthday) 63	
				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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BISMARCK MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME F.M. MATKIN			13b. MOTHER'S MAIDEN NAME ISABEL GRUNER			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address WOODROW HUFF ELVINS RT. 1 MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Bile ducts								INTERVAL BETWEEN ONSET AND DEATH 2 mo	
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)						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			
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 May 14, 1960 and last saw her alive on June 30, 1960 Death occurred at 10 S/P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) R. A. Huckstep M.D.				22b. ADDRESS Farmington, Mo				22c. DATE SIGNED 7-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 15 1960		23c. NAME OF CEMETERY OR CREMATORY IOOF		23d. LOCATION (City, town, or county) DOE RUN MO.		(State)	
24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. July 14, 1960		26. REGISTRAR'S SIGNATURE Ethel R. ...			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 30 1960

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. _____

P. O. Address _____

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.