

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037825

FILED VS. OCT 28 1960

77

Primary Registration District No. 3016

Registrar's No. 362

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY COLE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b 7 HRS		c. CITY OR TOWN JEFFERSON 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 MEMORIAL COMMUNITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 809 INDIANA AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HARRISON HUDDLESTON				4. DATE OF DEATH Month Day Year 10-22-1960									
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 6-21-1901		9. AGE (last birthday) 59 YRS.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY JEFF CITY STREET DEPT.			11. BIRTHPLACE (City and state or country) Miller Co. Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME GREEN BERRY HUDDLESTON				13b. MOTHER'S MAIDEN NAME CORA JEFFRIES				14. NAME OF HUSBAND OR WIFE DESSIE HUDDLESTON					
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. 492-36-9667		17. INFORMANT Address Lucy FISHER-607 Ohio-JEFF CITY-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) Calcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Prostate DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emaciation										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yr.			
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 -1957 to 0222-1960 and last saw her/him alive on Oct 22 1960 Death occurred at 9:50 Pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) William A. Ed. M.D.						22b. ADDRESS Jefferson City Mo.			22c. DATE SIGNED Oct 23 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 25 1960		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri						
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. 26 October 1960		26. REGISTRAR'S SIGNATURE R.P. Harris, M.D. Richter, D.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 1 1961

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 Robert R. Greenman

Licensed Embalmer No. 4628

P. O. Address Green

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.