

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

182-60-038123
STATE FILE NUMBER

FILED IN NOV 1960 REGISTRATION DISTRICT NO. **132** PRIMARY REGISTRATION DISTRICT NO. **3021** REGISTRAR'S NO. **182**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) Wright Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 1566 Bolser	

3. NAME OF DECEASED (Type or print) First Fannie Middle Kathrine Last Huffman			4. DATE OF DEATH Month October Day 31 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/89	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months 1 Days 22 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) Sedalia, Missouri		
13a. FATHER'S NAME Horatio Richard Moss		13b. MOTHER'S MAIDEN NAME Naomi Mountain		14. NAME OF HUSBAND OR WIFE Charles Huffman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Doris Berry Trenton, Mo. 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) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		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 Oct 31st 1960 to Oct 31st 1960 and last saw her/him live on Oct 31st 1960 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>F. G. Gipson</i>		(Degree or title)	22b. ADDRESS Trenton Mo.		22c. DATE SIGNED Nov 28 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/3/60	23c. NAME OF CEMETERY OR CREMATORY Lane Grove		23d. LOCATION (City, town, or county) Trenton Mo.	
24. FUNERAL DIRECTOR Wm. Gipson ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 11-3-60	26. REGISTRAR'S SIGNATURE <i>F. G. Gipson</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 I AON

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 *Charles E. [Signature]*

Licensed Embalmer No. 3109

P. O. Address *Greenville*

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.