

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045029

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 282

ENDED

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 4 Dys.		c. CITY OR TOWN Jackson Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lulu Middle May Last Huddleston				4. DATE OF DEATH Month Nov. Day 25 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 1, 1876	9. AGE (last birthday) 84	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) housework		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Auxvasse, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John G. Sanford			13b. MOTHER'S MAIDEN NAME Belle McDonald		14. NAME OF HUSBAND OR WIFE W. C. 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. No		17. INFORMANT Address Claude Huddleston Auxvasse, M.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale						INTERVAL BETWEEN ONSET AND DEATH 2 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Bronchitis and bronchiectasia						10 years		
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			
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 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 Aug. 10, 1957 , to 11-25-60 and last saw her alive on 11-25-60 Death occurred at 7:42 p. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. C. Huddleston M.D.				22b. ADDRESS Mexico Mo		22c. DATE SIGNED 11/27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-27, 1960	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery		23d. LOCATION (City, town, or county) Auxvasse, Mo.				
24. FUNERAL DIRECTOR Mangin Funeral Home, Fulton, Mo			ADDRESS Fulton, Mo		25. DATE RECD. BY LOCAL REG. Nov 30 1960	26. REGISTRAR'S SIGNATURE Blanche Nedy		

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

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, Ga.

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.