

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045624

ED VS DEC 29 1960

STATE FILE NUMBER

DED

Registration District No. 102 Primary Registration District No. 5416 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ark.</b> b. COUNTY <b>Craighead</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cardwell</b>		c. CITY OR TOWN <b>Lake City, Ark.</b>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3-miles North Cardwell Hi-way W</b>		d. STREET ADDRESS <b>Rt. 3</b> (If outside, give location)	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>Forrest Bryan Huffman</b>			4. DATE OF DEATH Month Day Year <b>Dec. 21, 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>1/28/1929</b>
9. AGE (last birthday) <b>31</b>		IF UNDER 1 YEAR Months Days <b>10 23</b>	IF UNDER 24 HR Hours Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (City and state or country) <b>Craighead, Ark.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			
13a. FATHER'S NAME <b>John H. Huffman</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Hale</b>	14. NAME OF HUSBAND OR WIFE <b>Sue Huffman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes 1-22-51 to 4-12-57</b>		16. SOCIAL SECURITY NO. <b>430-50-2352</b>	17. INFORMANT Address <b>John H. Huffman, Rt. 3 Lake City, Ark.</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>Broken Neck</b> Interval between onset and death <b>Instant</b> 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 (e) 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 checked="" 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.) <b>Car went off icy road and he was thrown out of car.</b>	
20c. TIME OF INJURY Hour <b>9:30</b> Month, Day, Year <b>Dec. 21, 60</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Hi.V</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>North Cardwell Dunklin Mo.</b>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>9:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Quinton T. Tarver, Coroner</b>		22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>12-22-60</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12-23-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pine Log Cemetery</b>	23d. LOCATION (City, town, or county) <b>Near Brookland, Ark.</b>
24. FUNERAL DIRECTOR <b>McDaniel Funeral Service, Senath, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Edna G. Galloway</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, ?

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.