

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

--61-007333

STATE FILE NUMBER

AMENDED

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9

FILED VS FEB 20 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Taney County</b>	b. CITY (If outside corporate limits, give township only) <b>Union Jasper Twsp Mo</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Taney</b>
Length of stay in 1b <b>33 yrs</b>		c. CITY OR TOWN <b>Chestnut Ridge</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Chestnut Ridge, Mo</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Noel</b>	Middle <b>M</b>	Last <b>Huff</b>	4. DATE OF DEATH	Month <b>Jan</b>	Day <b>26</b>	Year <b>1961</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>12/2/1897</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	------------------------	--------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Taney Co, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>John Huff</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Gonce</b>	14. NAME OF HUSBAND OR WIFE <b>Sadie Huff</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Sadie Huff, Chestnut Ridge, Mo</b>
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>
IMMEDIATE CAUSE (a)	<b>Carcinoma Pancreas</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 (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 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 <b>Springfield, Mo</b>	COUNTY <b>Christian Co, Mo</b>	STATE
--	--	--	-----------------------------------	-------

21. I attended the deceased from 1950 to Jan 26, 1961 and last saw him alive on Jan 2, 1961  
Death occurred at I-26-61 12:12 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. D. Jones</i>	(Degree or title)	22b. ADDRESS <b>W. D. Jones, Springfield, Mo</b>	22c. DATE SIGNED <b>2-10-61</b>
--------------------------------------	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/29/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Spokane</b>	23d. LOCATION (City, town, or county) (State) <b>Christian Co, Mo</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <b>F. B. Chaffin</b>	ADDRESS <b>Ozark, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-13-61</b>	26. REGISTRAR'S SIGNATURE <i>Helen Campbell</i>
--	------------------------------	--	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FEB 23 1961

OCT 18 1962

**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 T. B. Cheffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo

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.