

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012347

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 40

AMENDED

FILED VS. MAR 14 1961

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in 1b 20 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1300 East Austin Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Vernon
 c. CITY OR TOWN Nevada Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1300 East Austin Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Samuel Middle Kelly Last Huckaby
 4. DATE OF DEATH Month February Day 28 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8/30/1873 9. AGE (last birthday) 87 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)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Clinton, Tenn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Huckaby 13b. MOTHER'S MAIDEN NAME Melvena Leach 14. NAME OF HUSBAND OR WIFE Lillie M Huckaby
 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.
 17. INFORMANT Address Mrs. Violet Wilson Nevada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocarditis aggravated by
 DUE TO (b) a Threatened Broncho-Pneumonia
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH Don't know. I first saw him 2 weeks before death.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada Vernon Mo
 21. I attended the deceased from 2-14-61 to 2-28-61 and last saw him alive on 2-28-61
 Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Typed or printed name) W. A. Love MD 22b. ADDRESS Nevada, Mo. 22c. DATE SIGNED 3-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/3/61 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 23d. LOCATION (City, town, or county) (State) Nevada Missouri

24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home Nevada Missouri 25. DATE RECD. BY LOCAL REG. 3-11-1961 26. REGISTRAR'S SIGNATURE Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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

Student _____
Signature of Student Embalmer

Signed Lucy F. Miska

Licensed Embalmer No. 4805

P. O. Address Verona, 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.