

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014448

STATE FILE NUMBER

AMENDED Registration District No. 200 Primary Registration District No. Registrar's No. 67

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

FILED APR 25 1961

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LaPlata</b> Length of stay in 1b		c. CITY OR TOWN <b>LaPlata</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Near Santa Fe Lake</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>--</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALICE IRENE HUFFMAN</b>			4. DATE OF DEATH Month Day Year <b>March 30 1961</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</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>10-29-1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chicken Picker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Poultry</b>	9. AGE (last birthday) <b>54</b>
11a. BIRTHPLACE (City and state or country) <b>Indianapolis, Indiana, U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Thesia Edward Cronkhite</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Black Cronkhite</b>	14. NAME OF HUSBAND OR WIFE <b>John Huffman</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>		17. INFORMANT Address <b>John Huffman</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>Carbon Monoxide poisoning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about 36 hrs</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 checked="" 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 Month, Day, Year. a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>about 9 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Carl T. Pinner M.D.</b>		22b. ADDRESS <b>Macon Mo</b>	22c. DATE SIGNED <b>3 April 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LaPlata Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>LaPlata Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Ralph E. Pollock, LaPlata, Mo Christie Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>4/10/61</b>	26. REGISTRAR'S SIGNATURE <b>Kate Neveely</b>

1961 6 I NNP

**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 *W. H. McCallum*

Licensed Embalmer No. 2052  
P. O. Address South Gulf

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.