

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014670

AMENDED FILED MAY 1 1961 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 132 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 2 days 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Sedalia Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 313 E. Cooper St. Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Middle Last James Edward Huff 4. DATE OF DEATH Month Day Year April 24 1961 5. SEX Male 6. COLOR OR RACE Negro 7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ] 8. DATE OF BIRTH 4/22/61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 2 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Sedalia, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME Edward E. Huff 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE

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. none 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature infant - Pulmonary atelectasis and soft sternum - inadequate respiration 2 day INTERVAL BETWEEN ONSET AND DEATH DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] 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 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

21. I attended the deceased from 4-22-61 to 4-24-61 and last saw her alive on 4-24-61 Death occurred at 11:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Daniel R. Eward MD Sedalia Mo 22b. ADDRESS 22c. DATE SIGNED 4/25/61 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/27/61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery Sedalia Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS J. Price Alexander Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. Apr 27-1961 26. REGISTRAR'S SIGNATURE Truman Shelby

DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

**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 *Eric Beard*

Licensed Embalmer No. 4745

P. O. Address *Salaliden*

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.