

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016753
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 300 Registrar's No. 54

FILED JUN 13 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in 1b 2 years	c. CITY OR TOWN Carrollton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 E. Benton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 215 E. Benton
3. NAME OF DECEASED (Type or print) ALBERT SIDNEY HUFFMAN		4. DATE OF DEATH June 9 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/1874
10a. USUAL OCCUPATION (Give kind of work done (If, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) Carrollton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob M. Huffman		13b. MOTHER'S MAIDEN NAME Elizabeth Fox	14. NAME OF HUSBAND OR WIFE Nellie W. Huffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. A. S. Huffman, Carrollton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion acute			INTERVAL BETWEEN ONSET AND DEATH instant
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) cardio vascular renal disease			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 COUNTY STATE
21. I attended the deceased from August 1956 to 10:00 A. and last saw him alive on 1/7/1961		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Douglas Kelling M.D.		22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 6/10/61
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 6/11/1961	23c. NAME OF CEMETERY OR CREMATORY Carroll Memory Gardens	23d. LOCATION (City, town, or county) (State) Carrollton Mo.
25. DATE RECD. BY LOCAL REG. 6/10/61		26. REGISTRAR'S SIGNATURE Therbert Casert	
FUNERAL DIRECTOR ADDRESS Gibson Funeral Home, Carrollton, Mo.			

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 Ben W. Johnson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.