

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 133-61-024887 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED AUG 14 1961

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in lb OR TOWN Years
 c. FULL NAME OF (if not hospital, give location) HOSPITAL OR INSTITUTION E. Crowder Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Grundy
 c. CITY OR TOWN Trenton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1317 Lulu Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Louis Alexander Huffstutter
 4. DATE OF DEATH Month Day Year Aug. 7, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-12-72 9. AGE (last birthday) 88
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Indiana 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George W. Huffstutter 13b. MOTHER'S MAIDEN NAME Bell Alexander 14. NAME OF HUSBAND OR WIFE Fannie Huffstutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address George Huffstutter Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardio-Vascular Renal Disease INTERVAL BETWEEN ONSET AND DEATH 2 years
 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. 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.) _____
 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 _____

21. I attended the deceased from May 1st 1961 to Aug 7th 1961 and last saw her/him Aug 4th 1961
 Death occurred at 5 A. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clara Duffy M.D. (Degree or title) 22b. ADDRESS Trenton Mo Aug 7th 1961 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 10, 61 23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery 23d. LOCATION (City, town, or county) (State) Trenton Mo.

24. FUNERAL DIRECTOR Gipson-Whitaker ADDRESS Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 8/8/61 26. REGISTRAR'S SIGNATURE Frene Jaur

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 Leo H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trenton, 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.