

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030345

STATE FILE NUMBER

Registration District No. 282 Primary-Registration District No. 4424 Registrar's No. 100

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>2 hrs</u>	c. CITY OR TOWN <u>Humansville</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimit Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>North Humansville</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FLOANN HUFFMAN</u>			4. DATE OF DEATH Month Day Year <u>Aug 17-1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-4-41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>20</u>
13a. FATHER'S NAME <u>Floyd E. Huffman</u>		13b. MOTHER'S MAIDEN NAME <u>Rudora M. Allen</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u>		17. INFORMANT Address <u>Floyd E. Huffman - Humansville, Mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Injured in automobile collision</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
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 checked="" 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.) <u>auto collision</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>8-17-61</u>	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.) <u>Highway 13</u>	20f. CITY, TOWN, OR LOCATION <u>St Clair County, Mo</u>
21. I attended the deceased from <u>8/17/61</u> to <u>8/17/61</u> and last saw <u>her</u> alive on <u>8/17/61</u>		Death occurred at <u>11:31</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>H. G. Robinia M.D.</u>		22b. ADDRESS <u>Humansville, Mo.</u>	22c. DATE SIGNED <u>8/21/61</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Million Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Twiney, Mo.</u>
24. FUNERAL DIRECTOR <u>Edgar B. Bowers - Westland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 31, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1961

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 Chas. Robert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.