

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045528

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 232

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in lb <u>5 yrs.</u>	c. CITY OR TOWN <u>Fremont</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marshall State School & Hosp., Marshall, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>----</u>

3. NAME OF DECEASED (Type or print) First <u>Wilma</u> Middle <u>Dean</u> Last <u>Huddleston</u>			4. DATE OF DEATH Month <u>11</u> Day <u>23</u> Year <u>1962</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>11-20-44</u>	9. AGE (last birthday) <u>18 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (City and state or country) <u>Doniphan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Louis Elmo Huddleston</u>	13b. MOTHER'S MAIDEN NAME <u>Alpha Chronister</u>	14. NAME OF HUSBAND OR WIFE <u>----</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>
17. INFORMANT <u>Records of Marshall State School and Hosp., Marshall, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
X IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> 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) <u>Mental retardation due to uncertain cause</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from Nov. 7, 1962 to Nov. 23, 1962 and last saw her/him alive on Nov. 23, 1962
 Death occurred at 10:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Cecil L. Watson, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Marshall, Mo.</u>	22c. DATE SIGNED <u>11-24-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Van Buren, Missouri</u>	23d. LOCATION (City, town, or county) <u>Van Buren, Missouri</u>
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24. FUNERAL DIRECTOR <u>Campbell-Lewis Marshall, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-24-62</u>	26. REGISTRAR'S SIGNATURE <u>Cecil L. Watson</u>
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VS 300 Rev. 4/59
10970
20180
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4 1
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7 0
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9522X
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1293-0
133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DEC 4 1962

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 *James H. Lewis Jr.*
Licensed Embalmer No. 4709

P. O. Address Marshall, 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.