

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010242

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

Registration District No. 002 Primary Registration District No. 5010 Registrar's No. 3940

STATE FILE NUMBER

VS 300	DATE AMENDED	Rev. 4/59	
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9 4201F			
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12 90-0			
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS			
ITEM NO. SHOULD READ			
BY AFFIDAVIT OF			
USE BLACK INK OR TYPEWRITER RIBBON			

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Andrew		a. STATE Missouri COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Township		c. CITY OR TOWN RFD # 2, Bolckow	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile east Bolckow		d. STREET ADDRESS (If outside, give location) 1 mile East	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED			4. DATE OF DEATH
First Raymond Middle Huffaker Last Huffaker			Month April Day 3 Year 1963
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 7-28-06
9. AGE (last birthday) 56		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Andrew County, Missouri
13a. FATHER'S NAME Curtis Huffaker		13b. MOTHER'S MAIDEN NAME Della Pistole	14. NAME OF HUSBAND OR WIFE Marie Huffaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) no		16. SOCIAL SECURITY NO. 070	17. INFORMANT Address RFD # 2 Bolckow, Mo.
18. CAUSE OF DEATH (Enter only one cause)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			INSTANT
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION (OLD AND NEW)			
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) HEMATOMA OF THE SCALP. LACERATION OF RIGHT SIDE OF FACE WITH HEMATOMA-LIKE FORMATION.			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Unknown <input type="checkbox"/>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) PT. FELL FROM TREE.	
20c. TIME OF INJURY Hour 1:30 Month 4 Day 3 Year 63			
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.) HOME	
20f. CITY, TOWN, OR LOCATION BOLCKOW		COUNTY ANDREW STATE MISSOURI	
21. I attended the deceased from 8-6-61 to 4-3-63 and last saw him alive on 8-11-61			
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Warren E. Bakum M.D.</i>		22b. ADDRESS SAVANNAH, MISSOURI	
22c. DATE SIGNED 4-10-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-6-63	
23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		23d. LOCATION (City, town, or county) (State) Savannah, Missouri	
24. FUNERAL DIRECTOR BREIT & HAWKINS		25. DATE RECD. BY LOCAL REG. 4-12-1963	
ADDRESS SAVANNAH		26. REGISTRAR'S SIGNATURE <i>Richard S. Shelton</i>	

APR 18 1963

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 B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.

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