

MAY 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16223**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **37**

420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor 0421	
c. LENGTH OF STAY (If this place) 3 days		d. STREET ADDRESS (If rural, give location) 118 1/2 S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) GRAY c. (Last) HUKILL	4. DATE OF DEATH (Month) (Day) (Year) May 14 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Dec. 2, 1906	9. AGE (In years) (Months) (Days) (Hours) (Min.) 45 5 12	10. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bed Laster International Shoe Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Calhoun, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Bud Hukill	13b. MOTHER'S MAIDEN NAME Mittie Trimmer	14. NAME OF HUSBAND OR WIFE Ora Edmondson Hukill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486 03 6490	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry G. Hukill	ADDRESS Windsor, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral meningitis -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Chronic Alcoholism DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-14**, 19**52**, to **5-14**, 19**52**, that I last saw the deceased alive on **5-14**, 19**52**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Arnold M.D. (Degree or title)	23b. ADDRESS Windsor	23c. DATE SIGNED 5-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-52	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
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DATE REC'D BY LOCAL REG. May-16-52	REGISTRAR'S SIGNATURE Flora E. Adams	25. FUNERAL DIRECTOR'S SIGNATURE Adair Huston Turner	ADDRESS Windsor, Mo.
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SEP 18 1952

FEB 3 1953

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 _____
Student Embalmer

Signed William M Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.

[Handwritten signature]