

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26258

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 4179		Registrar's No. 400	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY CAPE AR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RANDELES		c. LENGTH OF STAY (in this place) 34 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RANDELES		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home							
3. NAME OF DECEASED (Type or Print) a. (First) DAN		b. (Middle) AUGUSTUS		c. (Last) HUFFMAN		4. DATE OF DEATH (Month) (Day) (Year) AUG. 30, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 12, 1890	
9. AGE (In years last birthday) 65		10. MONTHS 10		11. DAYS 18		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) BESSVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STEPHEN HUFFMAN		13b. MOTHER'S MAIDEN NAME DOVIE HALE		14. NAME OF HUSBAND OR WIFE GRACE HUFFMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 493-26-6299		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GRACE HUFFMAN - RANDELES, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIOSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY INFARCTION, THROMBOPHLEBITIS				INTERVAL BETWEEN ONSET AND DEATH 4 mo. 4 YRS. 4 YRS.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAY 12, 1954 to AUG 19, 1956 that I last saw the deceased alive on AUG. 30, 1956 and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. J. Masebach, D.O.				23b. ADDRESS Chaffee, MO.		23c. DATE SIGNED 8-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-2-1956		24c. NAME OF CEMETERY OR CREMATORY OLD UNION CEMETERY		24d. LOCATION (City, town, or county) (State) BESSVILLE MISSOURI	
DATE REC'D BY LOCAL REG. 8-31-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BISHINGHOFF FUNERAL HOME - CHAFFEE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Jack J. Burnett

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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.