

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009676

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 776

0422  
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 -56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Clinton</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Windsor</u> Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> Length of stay in lb <u>2 1/2 da.</u>   |  | d. STREET ADDRESS (If outside, give location) <u>506 W. Florence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) <u>Hattie Frances Huffman</u> First Middle Last  |  |  | 4. DATE OF DEATH Month <u>March</u> Day <u>28</u> Year <u>1958</u>                             |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-12-1896</u>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 9b. AGE (In years last birthday) <u>61</u>   | 9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Benton Co. Mo.</u>                               |
| 13. FATHER'S NAME <u>Isom Jackson</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 14. MOTHER'S MAIDEN NAME <u>(Unknown)</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>494-24-1543</u>   |  | 17. INFORMANT <u>Walter Huffman</u> Address <u>Windsor, Mo.</u>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Circulatory Failure</u><br>DUE TO (c) <u>Peritonitis - Pancreatitis</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 hours</u><br><u>10-16 hours</u><br><u>unknown</u>    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>5871</u>   |  |  | 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.) |  |  |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20f. CITY, TOWN, OR LOCATION   | COUNTY   | STATE  |
| 21. I attended the deceased from <u>3-26-58</u> , to <u>3-28-58</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>3-28-58</u><br>Death occurred at <u>10:00 P.</u> m, on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE (Degree or title) <u>Arturo Gonzalez DO.</u>  |  | 22b. ADDRESS <u>717 E. Jefferson, Clinton</u>  | 22c. DATE SIGNED <u>4-4-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>3-30-1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>                              |
| 24. FUNERAL DIRECTOR <u>Ellis Huston</u> ADDRESS <u>Windsor, Mo.</u>   | 25. DATE RECD. BY LOCAL REG. <u>4-7-58</u>   | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Clifford Gouge*.....

Licensed Embalmer No. *501*

P. O. Address *Windsor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.