

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033270

FILED VS SEP 21 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 299

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in lb 50 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home - 636 E. 10th, Sedalia		d. STREET ADDRESS (If outside, give location) 636 East 10th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CORA Middle L. Last HUFFMAN			4. DATE OF DEATH Month September Day 14 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July, 29, 1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months - Days - Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Springfield, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Dan Robertson			
13b. MOTHER'S MAIDEN NAME Sarah H. Pelser		14. NAME OF HUSBAND OR WIFE Benjamin F. Huffman			
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. none		17. INFORMANT Address Mrs. Opal Baum, 636 E. 10th, Sedalia	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)	
20c. TIME OF INJURY Hour - a.m. - p.m. -	Month, Day, Year -		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 -

21. I attended the deceased from **1952** to **9-12-59** and last saw her alive on **9-12-59**
Death occurred at **11:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alvin L. Howe MD		22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 9-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Ch. Cemetery N. of Sedalia, Mo.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D.W. Heckart, Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 9-16-1959		26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
SEDALIA, MISSOURI
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.