

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023471

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 162

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 6 1965

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 3 Days	c. CITY OR TOWN LaDue
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) James Page Huffman			4. DATE OF DEATH June 28, 1965		
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 12/28/1900	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 6 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Clarence Huffman		13b. MOTHER'S MAIDEN NAME Luck Disney		14. NAME OF HUSBAND OR WIFE Mayme 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. 190 05 9802		17. INFORMANT Address Mayme Huffman, LaDue, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary Paralysis		2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency		72 hrs
DUE TO (c) Chronic Pulmonary Emphysema		years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
Chronic Pulmonary Tuberculosis treated

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 6-26-65 to 6-28-65 and last saw her/him alive on 6-29-65
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or his) Clinton C. Huspy 22b. ADDRESS Clinton Mo. 22c. DATE SIGNED 7/1/65

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 1, 1965** 23c. NAME OF CEMETERY OR CREMATORY **LaDue Cemetery** 23d. LOCATION (City, town, or county) (State) **LaDue, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Vansant Funeral Home, Clinton, Mo.** 25. DATE RECD. BY LOCAL REG. **7-1-65** 26. REGISTRAR'S SIGNATURE **Mildred Begum**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

1	0425
2	0420
3	2
4	0
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7	1
8	2
9	5271A
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11	
12	2-2
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

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 H. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Calistoga, 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.

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Permit Attendant 7-1-65 (MS)