

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 133-61-024887 STATE FILE NUMBER

DATE AMENDED
 AMENDED
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

FILED AUG 14 1961

1. PLACE OF DEATH
 a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b Years

c. CITY OR TOWN Trenton Yes No

c. FULL NAME OF (If not in institution, give location) HOSPITAL OR INSTITUTION E. Crowder Rest Home Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1317 Lulu Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Louis Alexander Huffstutter

4. DATE OF DEATH Month Day Year
Aug. 7, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 9-12-72 9. AGE (last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Indiana 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George W. Huffstutter 13b. MOTHER'S MAIDEN NAME Bell Alexander 14. NAME OF HUSBAND OR WIFE Fannie Huffstutter

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. 4950-11-663A 17. INFORMANT George Huffstutter Trenton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardio-Vascular Disease 2 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 May 1st 1961 to Aug 7th 1961 and last saw her/him on Aug 4th 1961. Death occurred at 5 A. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) Duffly M.D. 22b. ADDRESS Trenton Mo Aug 7th 1961 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 10, 61 23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery 23d. LOCATION (City, town, or county) (State) Trenton Mo.

24. FUNERAL DIRECTOR ADDRESS Gipson-Whitaker Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 8/8/61 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)