

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

VS 300 **FILED** **JAN 28 1974** No. **316** Primary Registration District No. **3060** Registrar's No. **32**  
Rev. 11/72

7b.c. **1410**  
7d. **10246**  
8. **17**  
14a. **29**  
14b. **187**  
14c.d. **14101**  
14e. **040**  
**28024818**  
26a. **2**  
18.U. **4109**  
18.S.1.  
18.S.2.  
20a.f.  
20g.St.  
20g.Co.  
20g.Cy.

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>Walter Huie</b>			2. <b>Male</b>		3. <b>January 23, 1974</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>White</b>		5a. <b>83</b>	5b.	5c.	6. <b>May 3, 1890</b>	
CITY, TOWN, OR LOCATION OF DEATH			7a. <b>St Francois</b>			
7b. <b>Farmington</b>			7c. <b>yes</b>			
7d. <b>Farmington Community Hospital</b>			7e. <b>HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <b>Illinois</b>		9. <b>USA</b>		10. <b>married</b>		11. <b>Verba Eaton</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <b>488-01-2587</b>		13a. <b>Greenhouse keeper</b>		13b. <b>Floral</b>		
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. <b>Missouri</b>		14b. <b>St Fran</b>		14c. <b>Farmington</b>		14d. <b>yes</b>
				14e. <b>St Fran</b>		14f. <b>705 Kansas St.</b>
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <b>William Franklin Huie</b>			16. <b>Edna Ann Davis</b>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <b>Mrs Verba Huie</b>			17b. <b>705 Kansas St. Farmington, Missouri 63640</b>			
PART I. DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			(a) <b>CORONARY Thrombosis</b>			<b>1 MO</b>
DUE TO, OR AS A CONSEQUENCE OF:			(b) <b>GENERALIZED ARTERIOSCLEROSIS</b>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
<b>Diabetes Mellitus</b>						19a. <b>NO</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <b>5-1-61</b>		21b. <b>1-23-74</b>		21c. <b>1-22-74</b>	21d. <b>did not</b>	21e. <b>2:30 AM</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
22a. <b>C. E. CARLTON, M.D.</b>		22b.		22c.		22d.
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <b>Medical Arts Clinic 1</b>		23b. <b>24818</b>	23c. <b>C. E. Carlton M.D.</b>		23d. <b>1-23-74</b>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
23e. <b>FARMINGTON, MO.</b>						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
74a. <b>Burial</b>		74b. <b>St Francois Memorial Park</b>		74c. <b>Bonne Terre, Missouri</b>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
74d. <b>Jan. 25, 1974</b>		74e. <b>Miller Funeral Home Inc. 115 W. Columbia, Farmington, Missouri</b>				
FUNERAL DIRECTOR SIGNATURE		REG. NO.	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
75a. <b>[Signature]</b>		75b. <b>25265</b>	75c. <b>M. L. Day</b>	75d. <b>Jan 25, 1974</b>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

63640

FEB 5 1974

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 David W. Taylor, Student Embalmer No. 1097  
working under my personal supervision.

Student David W. Taylor  
Signature of Student Embalmer

Signed R. L. Dege

Licensed Embalmer No. 4120

P. O. Address Farmington 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.