

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9540

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6964		Registrar's No. 19			
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pettis		c. LENGTH OF STAY (In this place) 13 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Parkville Mo. R.R. # 1					
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkville, Mo. R.R. # 1				d. STREET ADDRESS (If rural, give location) Parkville Mo. R.R. # 1					
3. NAME OF DECEASED a. (First) (Type or Print) Audrey			b. (Middle) H. Hummel		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3-8-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-10-1895		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.			10b. KIND OF BUSINESS OR INDUSTRY Kocke Refg. Co.		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Theodore Hummel			13b. MOTHER'S MAIDEN NAME Nellie Pratt		14. NAME OF HUSBAND OR WIFE Mildred Langdon Hummel				
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mildred L. Hummel, Parkville, Mo.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4-201						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Tom H. Hulet 3				23b. ADDRESS Platte City Mo		23c. DATE SIGNED 3-8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-11-49	24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas				
DATE REC'D BY LOCAL REG. 3-8-49		REGISTRAR'S SIGNATURE Alpha Rollins		25. FUNERAL DIRECTOR'S SIGNATURE Gibson & Son		ADDRESS Montgomery, Kansas City			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-23-49

MAR 24 1949

JUN 10 1955

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed George M. Malloy

Licensed Embalmer No. 2798

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.