

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40579

State File No. _____

FILED DEC 23 1949

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Near Gasland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-East of Gasland</u>	
c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>Box 756</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Box 756</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tillman</u>	b. (Middle) <u>MACK</u>	c. (Last) <u>Humbird</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 28, 1871</u>	9. AGE (In years last birthday) <u>78 YRS</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FOR SELF</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR NEWPORT ENGLAND</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Humbird</u>	13b. MOTHER'S MAIDEN NAME <u>CHARITY BURK</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MINNIE MAE HUMBIRD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MISS IMO HUMBIRD</u>	ADDRESS <u>3822 FLORA AVENUE KANSAS CITY MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	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.		4201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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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 <u>D. S. Pate, M.D.</u> (Degree or title)	23b. ADDRESS <u>North Kansas City Mo.</u>	23c. DATE SIGNED <u>12/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWLEY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>RAYVILLE MISSOURI</u>
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DATE REC'D BY LOCAL <u>Dec 17 - 1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Newcomer</u>	ADDRESS <u>1951 PRUSSMAN CREEK JONES KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19

RECEIVED

District Health Officer No. 6

District File Number.....

Date Filed 2-22-49

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 Embalmer No.....

Signed

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

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.