No. 300
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FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5451 5783

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - RICHWOODS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HANCOCK, Mo R.F.D. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Miller N.L.O
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL — RICHWOODS
d. STREET ADDRESS (If rural, give location): HANCOCK, Mo. R.F.D. 1

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) ANN c. (Last) HUMPHREY
LAURA ANN ATWELL

4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-3-1882
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR: Months 0 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Miller County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Atwell
13b. MOTHER'S MAIDEN NAME: Josephine Rowlan
14. NAME OF HUSBAND OR WIFE: Anril C. Humphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Earnest Humphrey ADDRESS: Iberia, Mo.

MEDICAL CERTIFICATION

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 490X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — Years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 13, 1950, *to* Feb. 17th, 1950, *that I last saw the deceased alive on* Feb. 17th, 1950, *and that death occurred at* 2:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. A. Gould (Degree or title) DO
23b. ADDRESS: Iberia, Mo.
23c. DATE SIGNED: 2/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-50
24c. NAME OF CEMETERY OR CREMATORY: Union
24d. LOCATION (City, town, or county): Iberia (State): Mo

DATE REC'D BY LOCAL REG.: Feb-18-1950
REGISTRAR'S SIGNATURE: Jessie Perkins 195 1
25. FUNERAL DIRECTOR'S SIGNATURE: Loran L. Adams ADDRESS: Iberia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1950

MAR 14 1950

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 .....
Student Embalmer

Signed Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address Sherio 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.

State of Missouri } ss.
County of Miller }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 5451
Local Registrar's No. 15

On this 14th day of March, 1950, before me appears Loran L. Adams, who, upon his oath, states that the original record of ~~birth~~ death for ~~LAURA ANN HUMPHREY~~, ~~born~~ died February 17, 1930, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read LAURA ANN HUMPHREY

Instead of LAURA ANN ATWELL

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Loran L. Adams

None
Relationship.

Iberia, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of March, 1950

My Commission expires Dec. 2, 1950

Frank Dickerson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—4-43
P I X36667