

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1950

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 406

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence, before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. CITY (If outside corporate limits; write RURAL and give township) Rural Center Twsp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wagoner Nursing Home | | d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph | |

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|-------------------------------------|-----------------------------|----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ELIZABETH | b. (Middle) / | c. (Last) HUMPHREY | 4. DATE OF DEATH (Month) (Day) (Year) 3 31 1950 |
|-------------------------------------|-----------------------------|----------------------|---------------------------|--|

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|----------------------|-------------------------------|---|-----------------------------------|---|---------------------------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 6-15-1861 | 9. AGE (In years) (Month) (Day) 88 | IF UNDER 1 YEAR (Months) (Days) | IF UNDER 4 HRS. (Hours) (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work during most working life, even if retired) housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Richland Co., Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| | | |
|---|---|--|
| 13a. FATHER'S NAME William Jobes | 13b. MOTHER'S MAIDEN NAME Hannah Clappsaddle | 14. NAME OF HUSBAND OR WIFE Henry Humphrey (de) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Frank Colburn, Rt. # 6, St. Joseph | ADDRESS |
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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 8 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viris Pneumonia | | |
| | 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. | | 492X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) m. | 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 3-28 ¹⁹⁵⁰ to 3-31, 1950, that I last saw the deceased alive on 3-28, 1950, and that death occurred at 6:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank Colburn | 23b. ADDRESS 5008 King Hill St. Joseph Mo. | 23c. DATE SIGNED 4-1-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-3-1950 | 24c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. April 5, 1950 | REGISTRAR'S SIGNATURE E. G. Jobins | 25. FUNERAL DIRECTOR'S SIGNATURE John E. Clapp | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1960

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 _____

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St Joseph, 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.