

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27726

FILED AUG 21 1950

BIRTH NO.		REG. DIST. NO. 265		PRIMARY REG. DIST. NO. 6292		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give town) Thornfield, R, Thornfield				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thornfield, Rural, Thornfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0770			
3. NAME OF DECEASED (Type or Print)		a. (First) Ada Josephine Humbyrd		b. (Middle)		c. (Last)	
4. DATE OF DEATH		8-6-50		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-27-90		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Squires, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Matt Burden		13b. MOTHER'S MAIDEN NAME Flora ****		14. NAME OF HUSBAND OR WIFE A. A. Humbyrd			
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 Mary Humbyrd		ADDRESS Thornfield, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation with ascites 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 Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 2 yr  4222  3 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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), (Min.)		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 10:30 AM, to 8-6, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE M. Johnson		(Degree or title) MD		23b. ADDRESS Jamesville, Mo.		23c. DATE SIGNED 8-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-50		24c. NAME OF CEMETERY OR CREMATORY Thornfield		24d. LOCATION (City, town, or county) (State) Thornfield, Missouri	
DATE REC'D BY LOCAL REG. 8-11-50		REGISTRAR'S SIGNATURE Mal Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Plinkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 14 1950

850-972

8-15-50

### 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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*Charles R. Fish*

Licensed Embalmer No. *4662*

P. O. Address *Ans, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.