

No. 300
10-48

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29543

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5122 Registrar's No. 1035

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>20 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	0117
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Anchor Serum Co. Wayne Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>313 Yale St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>ALAN</u> c. (Last) <u>HUMPHREY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1950</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>Single</u>	8. DATE OF BIRTH <u>Oct. 28, 1928</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 2 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>Shipping clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Anchor Serum Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Smithville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Clyde Humphrey</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Rader</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-28-5103</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Humphrey 313 Yale St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sun shot wound through left Chest, self inflicted</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.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>8976X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>131</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Feed barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buchanan Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 4th 1950 5:14 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>22 Caliber rifle wound</u>
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22. I hereby certify that I attended the deceased found on 9/4, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy, M.D. (Coroner)</u>	23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>9/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>B. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carroll Clark 120 Illinois</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed *Embalmer*

Signed _____
Student Embalmer

Licensed Embalmer No. 4238

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.