

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1950

State File No. **34406**

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIXON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIXON Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Marie</u> c. (Last) <u>Humphrey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1950</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-18-1887</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days <u>17</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Frank Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Smith</u>		14. NAME OF HUSBAND OR WIFE <u>George Humphrey</u>			
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. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George Humphrey, Dixon, Mo.</u>		ADDRESS <u></u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Cardiac failure et renal</u>				
		DUE TO (c) <u>Glomerulonephritis - Uremia</u>				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death</i>		<u>Arteriosclerosis - Hypertension</u>			<u>442X</u>	

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) (m.)		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 9-5, 1950, to 10-1, 1950, that I last saw the deceased alive on 10-1, 1950, and that death occurred at p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. W. Milligan, M.D.</u>		23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>10/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tyler</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Co. Mo</u>		

DATE REC'D BY LOCAL REG. <u>10/16/50</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>	389	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>	ADDRESS <u>Dixon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

0850

RECEIVED 10/16/50
Pulaski County Health Officer
File Number _____
Date Filed 10/16/50

10/16/50
10/16/50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Wixon, 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.