

# STANDARD CERTIFICATE OF DEATH

State File No. **7059**

FILED FEB 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Irwin</b>	
c. LENGTH OF STAY (In this place) <b>1 mo</b>		d. STREET ADDRESS (If rural, give location) <b>0065</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tates Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Edwards</b> c. (Last) <b>Humphrey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 15 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 26 1868</b>	9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Montevallo Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>William Humphrey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Findley</b>		14. NAME OF HUSBAND OR WIFE <b>Ida May Barber</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Humphrey Sheldon</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		<b>4 years</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **Aug 25, 1946**, to **Feb 15, 1952**, that I last saw the deceased alive on **Feb 4, 1952** and that death occurred at **14:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ray W. Pearey MD</b>		(Degree or title)		23b. ADDRESS <b>Irwin Mo</b>	
23c. DATE SIGNED <b>Feb 20 52</b>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheldon</b>	
24d. LOCATION (City, town, or county) (State) <b>Sheldon Mo</b>					

DATE REC'D BY LOCAL REG. <b>2-23-1952</b>		REGISTRAR'S SIGNATURE <b>Anna E. Harvey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. Gerald Pearey Sheldon Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

10824

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.....

Signed.....

*R. Gerald Beeny*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4203*

P. O. Address. *Sheldon 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.