

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7579

State File No.

APR 1 1952

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <i>Callaway 0143</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>LEWIS 0560</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>La Grange</i>	
c. LENGTH OF STAY (In this place) <i>11 days</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Leslie</i> b. (Middle) <i>-</i> c. (Last) <i>Humphrey</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-24-1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-4-1893</i>	9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>20</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OK</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Charles Humphrey</i>		13b. MOTHER'S MAIDEN NAME <i>OK</i>		14. NAME OF HUSBAND OR WIFE <i>Ida May Humphrey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>DK</i>		16. SOCIAL SECURITY NO. <i>DK</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>State Hosp Records, Fulton, Mo</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumo-pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute nephritis</i>		
		DUE TO (c) <i>6</i>		
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		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 *3-13*, 1952, to *3-24*, 1952, that I last saw the deceased alive on *3-22*, 1952, and that death occurred at *9 A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M J Miller M D</i>		23b. ADDRESS <i>010 State Hospital Fulton, Mo</i>		23c. DATE SIGNED <i>3-24-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-27-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>River View Cem</i>	
				24d. LOCATION (City, town, or county) (State) <i>La Grange Mo</i>	

DATE REC'D BY LOCAL REG. <i>Mar 25-1952</i>		REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Roberta Funeral Home, La Grange Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1981 APR 9

APR 9 1981

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

Harry T. Bell

Licensed Embalmer No. *4867*

P. O. Address *Fulton, 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.