

STANDARD CERTIFICATE OF DEATH

7892

State File No.
Registrar's No. 11

FILED APR 7 1952

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Maysville (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Maysville (Rural) 0320	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) BURCHARD	b. (Middle) FRANKLIN	c. (Last) HUMPHREYS	4. DATE OF DEATH (Month) (Day) (Year) March 26 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 26 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maysville (Rural) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Humphrey	13b. MOTHER'S MAIDEN NAME Lucy Collyer	14. NAME OF HUSBAND OR WIFE Alpha Humphrey
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alpha Humphrey Maysville Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1943, to Mar 26, 1952, that I last saw the deceased alive on Mar 25, 1952, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Fowler M.D.	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 3/28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 28 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Maysville Mo.
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DATE REC'D BY LOCAL REG. 3-29-52	REGISTRAR'S SIGNATURE Roscoe Taylor	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

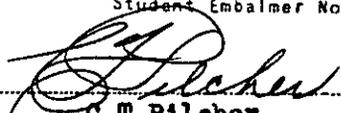
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



C.T. Pilcher

Licensed Embalmer No.....**3960**.....

Signed.....
Student Embalmer

P. O. Address **Maysville Missouri**.....

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.