

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12084

State File No.

FILED MAY 12 1952

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 482

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Metho. Hospital

d. STREET ADDRESS (If rural, give location) 2316 South 10th St. 0

3. NAME OF DECEASED
a. (First) ROY b. (Middle) L. c. (Last) PUMPHREY

4. DATE OF DEATH (Month) (Day) (Year) April 25, 1952

5. SEX 0 male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 7

8. DATE OF BIRTH Mar 24, 1893

9. AGE (In years last birthday) 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Auto parts

11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joe Pumphrey

13b. MOTHER'S MAIDEN NAME Fannie Cline

14. NAME OF HUSBAND OR WIFE Sallie Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.# 1

16. SOCIAL SECURITY NO. 565-22-9752

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sallie Pumphrey, 2316, S. 10. City

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
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 Arteriosclerotic Heart Disease & Cardiac Decompensation
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Instant

2 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 19, 1952, to Apr 25, 1952, that I last saw the deceased alive on Apr 25, 1952 and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE H.C. Linn (Degree or title)

23b. ADDRESS 207 P & S Bldg St Joseph

23c. DATE SIGNED 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-28-52

24c. NAME OF CEMETERY OR CREMATORY Oakgrove Cemetery

24d. LOCATION (City, town, or county) (State) Conway, Ark.

DATE REC'D BY LOCAL REG. May 7, 1952

REGISTRAR'S SIGNATURE Carl C. Cas

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Winton Bowman Funeral Home St. Joseph, Mo.

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

MAY 14 1952

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph*

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.