

FILED MAY 8- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13962

6059 State File No.

0930
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4462</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Sevier</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Collins - rural</u>		c. LENGTH OF STAY (in this place) <u>15 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Queen</u>		<u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collins Township</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Humphrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr, 13, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 8, 1900</u>		9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Section</u>		11. BIRTHPLACE (State or foreign country) <u>De Queen Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Humphrey</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hitchcock</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Humphrey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-2548</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Humphrey, Osceola Mo.</u>			
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) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Stenosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</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) _____		<u>4201</u>	
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 <u>Jan</u> , 1952, to <u>April 13</u> , 1952, that I last saw the deceased alive on <u>4-13</u> , 1952, and that death occurred at <u>4:20 P.M.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Livingston, Mo.</u>		23c. DATE SIGNED <u>4-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-15-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Osceola Mo</u>			

JUL 31 1952

MAY 15 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

J B Goodrich

Licensed Embalmer No.

3038

P. O. Address

Osceola 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.