

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16080

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 548

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> <u>1051</u>	
c. LENGTH OF STAY (In this place) <u>11 Days</u>		d. STREET ADDRESS (If rural, give location) <u>514 Frisco</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Genevieve</u> b. (Middle) <u>Jane</u> c. (Last) <u>Humy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 27, 1906</u>			9. AGE (In years last birthday) <u>45</u>		10. # UNDER 1 YEAR Days <u>10</u> Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Ben Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wormington</u>		14. NAME OF HUSBAND OR WIFE <u>Nick Humy</u>	
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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) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nick Humy Monett, Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Cancer metastatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinoma tumor</u> DUE TO (c) <u>Carcinoma of rectum, sigmoid</u> II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>Testes undescended following transposition</u>			
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19a. DATE OF OPERATION <u>May 29, 52</u>		19b. MAJOR FINDINGS OF OPERATION: <u>None seen here & multiple peritoneal implants.</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154X</u>	

22. I hereby certify that I attended the deceased from Feb 29, 1952 to May 4, 1952, that I last saw the deceased alive on May 3, 1952 and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert O. Doolittle M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>May 5, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MERCER FUNERAL HOME Monett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-6-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>			

REF 5 1952

OCT 17 1957

JUN 7 1956

STATEMENT BY LICENSED EMBALMER

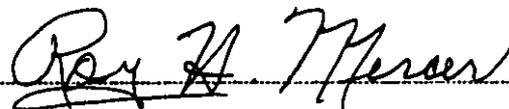
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4432

P. O. Address Monett, 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.