

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17209**

5630 1

5-19-52 MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **4319** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle Mo 0630	
c. LENGTH OF STAY (In this place) yr		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Belle Mo			
3. NAME OF DECEASED a. (First) Herman b. (Middle) Joseph c. (Last) Hummell		4. DATE OF DEATH (Month) (Day) (Year) May -10-1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 8-1872
9. AGE (In years last birthday) 79	10. MONTHS 6	11. DAYS 2	12. IF UNDER 14 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rail road	10b. KIND OF BUSINESS OR INDUSTRY Engine Tender	11. BIRTHPLACE (City and State or Foreign Country) Union Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Hummell	13b. MOTHER'S MAIDEN NAME Elizabeth Holtmeyer	14. NAME OF HUSBAND OR WIFE Sophia Bucholz Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 0----	17. INFORMANT'S SIGNATURE OR NAME Mrs Christina Lindsey Glencoe ADDRESS Mo	
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 34 hours years years
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 4201
19a. DATE 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 May 9, 1952 , to May 10, 1952 , that I last saw the deceased alive on May 10, 1952 , and that death occurred at 5:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Print or lith) Francis T. Kozal, M.D.	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 5-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/13/52	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Union Mo R.D.
DATE REC'D BY LOCAL REG. 5-19-52	REGISTRAR'S SIGNATURE Pauline Toward	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton	ADDRESS Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Leim, 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.