

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32316**

DECEASED **6 1952**
BIRTH NO. **124** REG. DIST. NO. **215** PRIMARY REG. DIST. NO. **4327** Registrar's No. **16**

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

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) Paris b. (Middle) None c. (Last) Humphrey			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 12/1886
9. AGE (In years last birthday) 66		# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Humphrey	
13b. MOTHER'S MAIDEN NAME Frankie Grady		14. NAME OF HUSBAND OR WIFE Clella Carmack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-12-7159	
17. INFORMANT'S SIGNATURE OR NAME Clella Humphrey ADDRESS Iberia, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION P. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung INTERVAL BETWEEN ONSET AND DEATH 3 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163x	
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)		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 7/12/52 , 19 52 , to 9/19/52 , 19 52 , that I last saw the deceased alive on 9/17/52 , 19 52 , and that death occurred at 2:29 m., from the causes and on the date stated above.			
23a. SIGNATURE W.M. A. Gould (Degree or title) DO		23b. ADDRESS Iberia Mo	
23c. DATE SIGNED 9/19/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/21/52		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24d. LOCATION (City, town, or county) (State) Iberia, Mo Rural		DATE REC'D BY LOCAL REG. Sept. 23, 1952	
REGISTRAR'S SIGNATURE Jessie Perkins		FUNERAL DIRECTOR'S SIGNATURE Walter H. Hedden ADDRESS Iberia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 11 1952
MICHIGAN STATE COLLEGE
EAST LANSING

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 Walter O. Kedge

Licensed Embalmer No. 4265

P. O. Address Veria 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.