No. 300 10.48

AUG NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39507

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. ~~57~~ 53

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

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Prairie
c. LENGTH OF STAY (in this place) 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Miss.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Prairie 0671
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CYNTHIA b. (Middle) ANN c. (Last) HUMPHREYS

4. DATE OF DEATH (Month) Oct. (Day) 29, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 28, 1861
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months 0 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and State or Foreign Country) Massoc Co., Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Harve Parker
13b. MOTHER'S MAIDEN NAME Mary Teag
14. NAME OF HUSBAND OR WIFE James Humphreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Lonnie Humphrey — ADDRESS East Prairie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arterio-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arterio-Sclerosis 10 yr
DUE TO (c)

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 4221
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) m.
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 _____, 1950, to Oct 29, 1952, that I last saw the deceased alive on Oct 29, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.*

23a. SIGNATURE S C Martin MD (Degree or title)
23b. ADDRESS E Prairie Mo
23c. DATE SIGNED 11-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Dogwood
24d. LOCATION (City, town, or county) Miss. Co. (State) Mo

DATE REC'D BY LOCAL REG. 11-17-52
REGISTRAR'S SIGNATURE Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby — ADDRESS East Prairie

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 REC

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed NOV 21 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. 467, working under my personal supervision.

Student Travis W. Shelby Jr.
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie.

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.