

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9135**

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 22

5210
1

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY CHARITON | | 2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission). a. STATE Missouri b. COUNTY Chariton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CHARITON | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chariton | |
| c. LENGTH OF STAY (In this place) | | 0210 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Mi E. Forest Green | | d. STREET ADDRESS (If rural, give location) 1 1/2 mi E. Forest Green | |

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|---|--|--|--------------------------------------|--|--|
| 3. NAME OF DECEASED a. (First) NANNIE DENNY b. (Middle) _____ c. (Last) HUME | | | 4. DATE OF DEATH MAR 14, 1953 | | |
|---|--|--|--------------------------------------|--|--|

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|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|--|--|---|--|
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH JUNE 16, 1867 | | 9. AGE (In years last birthday) 85 | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | | 11. IF UNDER 10 HRS: Hours _____ Mins _____ | |
|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|--|--|---|--|

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|---|--|--|---|--|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | | 10b. KIND OF BUSINESS OR INDUSTRY Her Home | | | 11. BIRTHPLACE (City and State or Foreign Country) Randolph County Mo | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
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| 13a. FATHER'S NAME HUMPHREY DENNY | | | 13b. MOTHER'S MAIDEN NAME MARGARET SNODDY | | | 14. NAME OF HUSBAND OR WIFE REUBEN HUME | | |
|--|--|--|--|--|--|--|--|--|

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|---|--|-------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Rueben H. Hume ADDRESS Armoret Mo | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia | | DUPLICATE OF (b) Cerebral hemorrhage (apoplexy) | | | | | | 12 hrs ± | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) _____ | | | | | | 8 days | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | | | | | | _____ | |

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|------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|--|--|--|--|

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| 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) 490X (COUNTY) _____ (STATE) _____ | |
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| 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 May 8, 1948, to March 14, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

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|---|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Carl C. Meyer (Degree or title) M.A. | | 23b. ADDRESS Keplerville Mo. | | 23c. DATE SIGNED 3/19/53 | |
|---|--|-------------------------------------|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Mar 16, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Roauche Mo | | 24d. LOCATION (City, town, or county) (State) Roauche Mo | |
|---|--|-------------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. 3-20-53 | | REGISTRAR'S SIGNATURE W. H. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS St. Louis Mo. | |
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JUN 13 1955

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 *W. J. Swinford* _____

Licensed Embalmer No. *3978* _____

P. O. Address *Glasgow 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.