

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23572**

No. 300  
10-48

**FILED JUN 19 1953**  
37640

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **29**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Scott</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Morehouse</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Edward</b> c. (Last) <b>Humphries</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6-4-1953</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Baby</b>	
<b>8. DATE OF BIRTH</b> <b>5-31-1953</b>		<b>9. AGE</b> (In years last birthday) <b>—</b> (Months) <b>—</b> (Days) <b>4</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Baby</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Baby</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Morehouse, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Charles Humphries</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Christine Trout</b>		<b>14. NAME OF HUSBAND OR WIFE</b> _____	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Christine Humphries</b> ADDRESS <b>Morehouse, Mo</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Permanently</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>7 mo.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>776X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 6-3, 1953, to 6-4, 1953, that I last saw the deceased alive on 6-4, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>E. D. Urban M.D.</b>		<b>23b. ADDRESS</b> <b>Sikeston</b>		<b>23c. DATE SIGNED</b> <b>6-5-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>6-4-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Sikeston Mo</b>	
<b>24d. LOCATION</b> (City, town, or county) <b>Mo</b>		<b>25. GENERAL DIRECTOR'S SIGNATURE</b> <b>Christine Humphries</b> ADDRESS <b>Morehouse</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>6-8-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Ella Hunter</b>		<b>429</b>	

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

RECEIVED

JUN 15 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-123

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

*Not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.