

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25919

State File No. ....

No. 300  
10-48

AUG 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>282</u>	PRIMARY REG. DIST. NO. <u>4424</u>	Registrar's No. <u>94</u>
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Collins Twp. 0930</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Humansville R. 2 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Lou</u>	c. (Last) <u>Wombles</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 27 53</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1, 1887</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory Co., Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Ream</u>		
13b. MOTHER'S MAIDEN NAME <u>Retta Houston</u>		14. NAME OF HUSBAND OR WIFE <u>Earnest E.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Earnest E. Wombles, Humansville, Mo</u>
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) <u>Coronary artery Thrombosis.</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>June, 1953</u> , to <u>July, 1953</u> , that I last saw the deceased alive on <u>July 27, 1953</u> , and that death occurred at <u>5:45 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. S. Robinson</u>		23b. ADDRESS (Degree or title) <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>7/28/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckwith Funeral Home, Humansville</u>		
DATE REC'D BY LOCAL REG. <u>7/29/53</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*O. H. Beckwith*

Licensed Embalmer No. *3927*

P. O. Address *Hamansville*

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.