

No. 300
10-48

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

2/10/54

FILED SEP 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 432
Registrar's No. 024/3331

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 731/27

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 116 North Pine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA MAUDE	b. (Middle) J.	c. (Last) (L:Maude) HUMMEL	4. DATE OF DEATH (Month) (Day) (Year) September 8, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Days 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Oronogo, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Fountain	13b. MOTHER'S MAIDEN NAME Mary E. Jaxson	14. NAME OF HUSBAND OR WIFE Ellis Hummel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Lobaugh Hunnington Park	ADDRESS Calif
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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		19. INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (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?
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22. I hereby certify that I attended the deceased from 1945, 19, to 9-8-53, 19, that I last saw the deceased alive on 9-8, 1953, and that death occurred at 7:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE J.M. Pence	(Degree or title) D.O.	23b. ADDRESS Carterville, Mo	23c. DATE SIGNED 9-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-11-1953	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville Mo
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DATE REC'D BY LOCAL REG. 9-10-53	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 14 1953

Jasper County Health Office

County File Number 53-9-749

Date Filed SEP 14 1953

FEB 10 1954

MAY 22 1954

MAR 5 1954

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 Richard Hoy Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City, 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.

29078

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 29078-53

State of California
County of Los Angeles ^{is.}

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 4th day of February, 1954, before me appears

Mrs. Clara Lobaugh, who, upon oath, states that the original record of ~~birth~~ death
for Laura Maude Hummel, died Sept 8, 1953, in the State of

Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 3 should read Laura Maude (L. Maude) Hummel
Instead of Maude J. Hummel

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Clara Lobaugh ^{daughter}
Relationship
3309 Hope St., Huntington Park,
Present Address. California

Subscribed and sworn to before me this 4th day of February, 1954.

My Commission expires My Commission Expires Aug. 11, 1956 J. Lee Pettendorf Notary Public.

Affidavits containing erasures will not be accepted. draw one line through error and write above it.

