

STANDARD CERTIFICATE OF DEATH

36993

5949 State File No.

BIRTH NO. OCT 22 1953 REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 52944 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, give township) OR TOWN <u>St James-Rural n.d.</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>St James, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural - North Willow</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Humphrey</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 21 - 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Don't Know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ☒		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferndale Nursing Home - St James, Mo.</u> ADDRESS <u>St James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>0</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senile Dementia</u> 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 <u>331X</u>		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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>3-3</u> , 19 <u>46</u> , to <u>Oct. 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 8</u> , 19 <u>53</u> , and that death occurred at <u>1:55 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C.V. Hammer, M.D.</u> (Degree and title)				23b. ADDRESS <u>St James</u>		23c. DATE SIGNED <u>10-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dawson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St James, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 19-1953</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Liebliden</u>		ADDRESS <u>St James Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed O E Licklider

Licensed Embalmer No. _____

P. O. Address St James

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.