

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43768

State File No. _____

FILED DEC 29 1953

257

BIRTH NO. _____ REG. DIST. NO. ~~7580~~ PRIMARY REG. DIST. NO. 3886 Registrar's No. 25

0760

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY OSAGE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE | |
| b. CITY OR TOWN RURAL, CRAWFORD | | c. CITY OR TOWN PERSHING | |
| c. LENGTH OF STAY (in this place) 83 YRS | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION PERSHING, MO. | | e. STREET ADDRESS (If rural, give location) PERSHING, MO. RFD 0760 | |
| 3. NAME OF DECEASED (Type or Print) CHARLES HUMMERT | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1953 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED | | 8. DATE OF BIRTH Aug 12, 1870 | |
| 9. AGE (In years last birthday) 83 | | 10. MONTHS 4 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Hope, Mo. | | 12. CITIZENRY OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME August Hummert | | 13b. MOTHER'S MAIDEN NAME Louise Hoelmer | |
| 14. NAME OF HUSBAND OR WIFE Bertha Broeker Hummert | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Ben Hummert. | | ADDRESS Pershing, Mo. | |
| 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 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 4201 | |
| 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) (Minute) | | 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 15, 1953, to Dec 20, 1953 that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Howard W. Hermann M.D. | | 23b. ADDRESS Hermann Mo 12-22-53 | |
| 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/23/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Hope Presby Cemetary | | 24d. LOCATION (City, town, or county) (State) Pershing, Mo. | |
| DATE REC'D BY LOCAL REG. Dec 26-1953 | | REGISTRAR'S SIGNATURE Ta Juh... 235 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Home, Linn, Mo. | |

10-1-1936

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.....
Signature of Student Embalmer

Signed *Vernon M. Moulton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Linn 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.