

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15474**

FILED JUN 3 1954

BIRTH NO. _____ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **4193** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) HERMANN		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 W. 5th		c. CITY (If outside corporate limits, write RURAL and give township) ELDON	
		d. STREET ADDRESS (If rural, give location) 8th + AURORA	

3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) ANTHONY		c. (Last) Humm, SR		4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 25, 1882	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY BAKERY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JACOB HUMM		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALICE HUMM	
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 ADDRESS BARBARA BEREND HERMANN, 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) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 5/14/54	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis		15 yrs.	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Prostatic hypertrophy		3 yrs.	
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) (Min)		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 **12/10/52**, 19____, to **5/18/54**, 19____, that I last saw the deceased alive on **5/18/54**, 19____, and that death occurred at **8:12** m., from the causes and on the date stated above.

23a. SIGNATURE W. G. Jeter, M.D.		(Degree or title)		23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 5/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-21-54		24c. NAME OF CEMETERY OR CREMATORY ST. GEORGE'S Cem.		24d. LOCATION (City, town, or county) (State) HERMANN MO	
DATE REC'D BY LOCAL REG. 5-21-54		REGISTRAR'S SIGNATURE Delmas Gerken		492		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. J. Pinner Hermann, Mo.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas W Pope

Signed.....
Student Embalmer

Licensed Embalmer No..... *2552*

P. O. Address *Albany, 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.