

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15602**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5461** Registrar's No. **436-D**

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Rogersville Rural R#1		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Rogersville, Rural R#1	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0390		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Columbus		c. (Last) Humbles	
4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 1 1886		9. AGE (In years last birthday) Months Days 67	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Greene Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jessie M.		13b. MOTHER'S MAIDEN NAME Polly Ann Watts	
14. NAME OF HUSBAND OR WIFE Deceased		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. None	
17. INFORMANT'S SIGNATURE OR NAME Emmett Humbles, Rogersville Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 5 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 1 1954 to May 1 1954 , that I last saw the deceased alive on 19 , and that death occurred at 6:05 pm. , from the causes and on the date stated above.					
23a. SIGNATURE Carl W. Russell		23b. ADDRESS W. O. Springfield, Mo		23c. DATE SIGNED 5-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3 1954		24c. NAME OF CEMETERY OR CREMATORY Watts Cem.	
24d. LOCATION (City, town, or county) (State) Rogersville Rural Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. C. Ferrill		ADDRESS Rogersville Mo.	
DATE REC'D BY LOCAL REG. 5-7-54		REGISTRAR'S SIGNATURE Leath Williamson		25. FUNERAL DIRECTOR'S SIGNATURE H. C. Ferrill	

(Licensed Embalmer's Statement on Reverse Side)

WHILE 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 Max G Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Fairland 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.