

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5479

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 1719 PRIMARY REG. DIST. NO. 5767 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Bedford Twp.		c. CITY OR TOWN Bedford Twp Rural	
c. LENGTH OF STAY (in this place) 1 Yr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Farm Residence		STREET ADDRESS (If rural, give location) Farm residence 0570	

3. NAME OF DECEASED (Type or Print) a. (First) Reina b. (Middle) Elaine c. (Last) Humphrey			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1922	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIL. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Helper, Utah		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. E. Lopez	13b. MOTHER'S MAIDEN NAME Nita Julander	14. NAME OF HUSBAND OR WIFE Arthur N. Humphrey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO none	16. SOCIAL SECURITY NO UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. N. Humphrey, Troy, Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Inst.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Destroying Liver, Spleen Etc. Self Inflicted		Gunshot Wound of Upper Abdomen		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Coroner Jury Verdict)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Residence	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bedford Twp. Lincoln County, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb, 5, 1955 6P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot self with single 12Ga. Gun
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22. I hereby certify that I attended the deceased from XXXXXXXXXX, 19____, that I last saw the deceased alive on XXXXXXXXXX, and that death occurred at 0:00P m., from the causes and on the date stated above.

23a. SIGNATURE Coroner (Degree or title) Lincoln C. Mo. Joseph L. Marsh	23b. ADDRESS 351 Monroe St. Troy, Mo.	23c. DATE SIGNED 2/9/55
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24a. BURIAL, CREMATION, REMOVAL removal	24b. DATE 2/7/55	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Helper, Utah
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DATE REC'D BY LOCAL REG 2-18-55	REGISTRAR'S SIGNATURE 162 Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.
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JUN 26 1958

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, ~~XXX~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Mann

Licensed Embalmer No.. 3932

P. O. Address Troy, Missouri

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.