

8647

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 29 1955

No. 300  
10.48

532

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> <u>0530</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>	c. CITY OR TOWN <u>Lebanon</u> 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 <u>Wallace Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> (Type or Print)		b. (Middle) <u>Caroline</u> c. (Last) <u>Humphreys</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1955</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 7, 1876</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u>  </u> Mins. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hugh Lindsay</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Colcleasure</u>	
14. NAME OF HUSBAND OR WIFE <u>Oscar Humphreys</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Humphreys</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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Stomach</u>  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.  20. INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>		ADDRESS <u>Lebanon, Missouri</u>	
19a. DATE OF OPERATION <u>10/28/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Cardia of Stomach 151X</u>	
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)		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 <u>12/15, 1954</u> , to <u>3/22, 1955</u> , that I last saw the deceased alive on <u>3/21, 1955</u> , and that death occurred at <u>2:35 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>F. H. Johnson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>3/22/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>3-24-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> <u>424</u>	
25. ADDRESS <u>Lebanon, Mo.</u>		26. (Licensed Embalmer's Statement on Reverse Side)	

Received 3-26-53  
Laclede County Health Unit  
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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 Dorsey M. Howe  
Licensed Embalmer No. 4222...

P. O. Address Lebanon, Mis

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.