

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32942

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4203 Registrar's No. 149

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| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u> <u>Marion</u> | | c. CITY OR TOWN <u>Galt</u> | |
| c. LENGTH OF STAY (In this place) <u>2 1/2</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>Marion Sup.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WADE</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>HUMPHREYS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-1955</u> | | |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | 8. DATE OF BIRTH <u>12-2-1868</u> | 9. AGE (In years last birthday) <u>86</u> | if UNDER 1 YEAR Months _____ Days _____ | if UNDER 11 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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| 13a. FATHER'S NAME <u>Marshall Humphreys</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Haley</u> | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter Humphreys Pittsburg Mo</u> | | ADDRESS | |
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| 18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</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) <u>4201</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 10-8-55, 1955, to 10-17-1955, that I last saw the deceased alive on 10-10-1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>U.C. Weston M.D.</u> | 23b. ADDRESS <u>Galt, Mo</u> | 23c. DATE SIGNED <u>10-19-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-19-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Galt Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>10-25-55</u> | REGISTRAR'S SIGNATURE <u>Jenefer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr Payne & Son</u> | ADDRESS <u>Galt Mo</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

P. H. Payne Jr.

Licensed Embalmer No. *240*

P. O. Address *Galt*

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.