

No. 300
10.48

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39378

0990
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4480 Registrar's No. 49

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JAMES</u> | |
| b. CITY OR TOWN <u>ROTLEDGE</u> | | c. CITY OR TOWN <u>JAMES</u> | |
| c. LENGTH OF STAY (In this place) <u>14 YRS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0990</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DALLAS</u> c. (Last) <u>HUME</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 4 1955</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>7-28-1871</u> |
| 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR</u> | 11. BIRTHPLACE (City and State of Foreign Country) <u>0</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
| 13a. FATHER'S NAME <u>WILLIAM S. HUME</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY V. GLENN</u> | 14. NAME OF HUSBAND OR WIFE <u>GRACE N. HUME</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Lee Hume Rutledge, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> <u>10 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>10 yrs</u> DUE TO (c) <u>Chronic Glomerulonephritis</u> <u>3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>442X</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>January 1, 1954</u> , to <u>Dec. 3, 1956</u> , that I last saw the deceased alive on <u>Dec. 3, 1954</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>G. M. Simler</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Garin, Mo</u> | 23c. DATE SIGNED <u>Dec. 2, 1956</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>12-6-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>So BETHEL</u> | 24d. LOCATION (City, town, or county) (State) <u>SCOTLAND Co. Mo</u> |
| DATE REC'D BY LOCAL REG. <u>12/9/55</u> | REGISTRAR'S SIGNATURE <u>Don S. Purner</u> <u>476</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Wagner South Memphis</u> | |

FEB 20 1956

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 *Neal Payne*.....

Licensed Embalmer No. 259

P. O. Address *Memphis*.....

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.