

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16416**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2209</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5541 Montgall</u>				e. STREET ADDRESS (If rural, give location) <u>5541 Montgall</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u>			b. (Middle) _____			c. (Last) <u>HUMPHRIES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1956</u>							
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>September 23 1970</u>	
9. AGE (In years last birthday) <u>85</u>		10. IF OVER 1 YEAR Months _____ Days _____		10. IF UNDER 24 HRS. Hours _____ Min. _____			
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 <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Elijah Dudley</u>			13b. MOTHER'S MAIDEN NAME <u>Pamelia Pape</u>			14. NAME OF HUSBAND OR WIFE <u>Charles H. Humphries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva Evans 5541 Montgall</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 Hr. approx</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive Jaundice (Gall Stones)</u>				5847 10 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>May 1, 1956</u> , to <u>May 20, 1956</u> , that I last saw the deceased alive on <u>May 20, 1956</u> and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glen H. Broyles</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1632 Prof. Toldg</u>		23c. DATE SIGNED <u>6-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D. BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>neva minshell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kilko Funeral Home 2315 Lenwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Glenn Boyles

Reaf

Box 14420

11. a.m.

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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 *Chas E. Wilks*

Licensed Embalmer No. *264*

P. O. Address *H. C. W. O.*

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.