

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24250

STATE FILE NUMBER

FILED AUG 10 1956

Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leeton</u>		c. CITY OR TOWN <u>Leeton, Rural-Windsor</u> <sup>0510</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural, Johnson Co.</u>		d. STREET ADDRESS (If outside, give location) <u>Rural 4-Windsor, Mo.</u>	

3. NAME OF DECEASED (Type or print) First <u>VERNON</u> Middle <u>HUMPHREY</u> Last <u>HUMPHREY</u>			4. DATE OF DEATH Month <u>7</u> Day <u>27</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/17/39</u>		9. AGE (In years last birthday) <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heel Slagger International Shoe Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Johnson County</u>	
13. FATHER'S NAME <u>Leonard Humphrey</u>			14. MOTHER'S MAIDEN NAME <u>Mildred McNutt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-42-6294</u>		17. INFORMANT <u>Mr. Leonard Humphrey, Windsor, R.R.#4, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound in left chest,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>43.</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Discharged Gun-while Receiving Same From another Person.</u>	
20c. TIME OF INJURY Hour <u>10 PM</u> Month <u>7</u> Day <u>27</u> Year <u>56</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Main Street, Leeton, Mo.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Leeton, Johnson Co. Mo.</u>	
21. I attended the deceased from <u>Saw him dead on,</u> to <u>7-28-1956</u> and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Kelly Rawlin's</u> (Degree or title) _____		22b. ADDRESS <u>Holden, Missouri.</u>		22c. DATE SIGNED <u>7-28-1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Botts Cemetery</u>	
24. FUNERAL DIRECTOR <u>John F. Reser, Warsaw, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 3, 1956</u>		25. REGISTRAR'S SIGNATURE <u>Jacook</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 516

651 27 8701

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W.A. Brundage.....

Licensed Embalmer No. 33

P. O. Address Warren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.