

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30403

STATE FILE NUMBER

FILED OCT 15 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 902

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield, 0394		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 62 years	d. STREET ADDRESS (If outside, give location) 1044 S. Fremont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eleanor Middle Boude Last Humphreys			4. DATE OF DEATH Month October Day 4 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 9, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 10 Days 25 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Grocer Company		11. BIRTHPLACE (City and state or country) Springfield, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Tomas K. Humphreys		
14. MOTHER'S MAIDEN NAME Jennie Baxter			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None		
16. SOCIAL SECURITY NO.			17. INFORMANT Allan Humphreys Address Point Lookout, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma of Carcinoma of Left Kidney</i> DUE TO (b) <i>Adenocarcinoma of Left Kidney</i> DUE TO (c) <i>Pneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH about 4 hrs May 24, 1954
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri	
21. I attended the deceased from Oct 3, 1956 to Oct 4, 1956 and last saw her alive on Oct 3, 1956 Death occurred at 6:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>David H. Hall, M.D.</i> (Degree or title)			22b. ADDRESS 1503 So. Hanover, Springfield, Mo.		22c. DATE SIGNED Oct 4, 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 6, 1956	23c. NAME OF CEMETERY OR CREMATORY Maple Park		23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR <i>Barman - Schopf</i> ADDRESS 7. Home Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 10-8-56		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>

health, Welfare Public Service
 300-1-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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..... *Lewis G. Schaefer*

Licensed Embalmer No. *380*

P. O. Address *Springfield*

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