

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **690**

FILED JAN 28 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Dixon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Arys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Richwoods</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lester</b>	b. (Middle)	c. (Last) <b>Humphrey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>an 25, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 26 1900</b>	9. AGE (In years last birthday) <b>57</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State of Foreign Country) <b>Miller Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Elbert Humphrey</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Howden</b>	14. NAME OF HUSBAND OR WIFE <b>Mae Humphrey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence E. Moss</b>	18. ADDRESS <b>Waynesville Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction of Myocardium</b>		Indeterminate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c)		
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	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) <b>4200</b>
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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 **1-25-1957**, to **1-25-1957**, that I last saw the deceased alive on **1-25-1957**, and that death occurred at **6:58 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Vachon MD</b>	(Degree or title)	23b. ADDRESS <b>302 Bolwin</b>	23c. DATE SIGNED <b>1-25-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/27/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	24d. LOCATION (City, town, or county) (State) <b>Iberia, Mo</b>
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DATE REC'D BY LOCAL REG. <b>26 Jan 1957</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hedges</b>	ADDRESS <b>Hedges Funeral Homes Inc Iberia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 17 1963

JAN 3 0 1951

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 Clarence Mose

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.