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FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24631
STATE FILE NUMBER 3112

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL — Length of stay in 1b 5 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY, N. 506 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 1816 E. 38th. ST. NO. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First EMIL Middle ADON Last HUMBARD
4. DATE OF DEATH Month July Day 2 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH December 29, 1912
9. AGE (In years last birthday) 44
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft Mechanic
10b. KIND OF BUSINESS OR INDUSTRY K.C. Flying
11. BIRTHPLACE (City and state or country) Excelsior Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Adam Humbard
14. MOTHER'S MAIDEN NAME Bertha Brooks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 494-12-7455
17. INFORMANT Official VA Hospital Records, K. C. Mo Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, both lobes, lower
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Malignant Lymphoma, Hodgkins type
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from December 10, 1956 to July 2, 1957 XXXXXXXXXXXXXXXX
Death occurred at 12:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. WILLIAMS, M.D. A. J. Williams
22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.
22c. DATE SIGNED 7-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7-5-1957
23c. NAME OF CEMETERY OR CREMATORY Old New Garden Cem
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
24. FUNERAL DIRECTOR C. L. Blackman & Son Inc ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 7-5-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 48

P. O. Address N.C.

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.