FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28522
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN CArthage — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1621 Oak St. — Length of stay in lb 4 mos	d. STREET ADDRESS (If outside, give location) 1621 Oak St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Evelyn	Middle:	Last: Humphrey	4. DATE OF DEATH	Month: Aug. Day: 18 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec. 28, 1919	9. AGE (In years last birthday): 37	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (City and state or country): Kansas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Lenard Copland		14. MOTHER'S MAIDEN NAME: Bertha Bullington			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: unk	17. INFORMANT Address: Harold Humphrey, Carthage, Mo.			

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) (1) Congestion & hemorrhage into the brain & base of brain

(2) Edema of Brain & meninges

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (3) ~~Massive edema and hemorrhage of face & neck~~

DUE TO (c) (4) Fracture 3rd rib left side

INTERVAL BETWEEN ONSET AND DEATH: unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 983x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) "Death occurred as result of blows made by Harold Humphrey" Coroners Jury Verdict (Deceased's husband)

20c. TIME OF INJURY Hour a.m. p.m. Approx 30 Month, Day, Year 8-18-57

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.): Home

20f. CITY, TOWN, OR LOCATION: Carthage COUNTY: Jasper STATE: Mo.

21. I attended the deceased from Did not attend 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 (Degree or title): Wesley M. D. Coroner Jasper County

22b. ADDRESS: First Nat'l Bank Bldg. Jasper

22c. DATE SIGNED: 8/20/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery	23d. LOCATION (City, town, or county): West Plains,	(State): Mo.
24. FUNERAL DIRECTOR: Ulmer Funeral Home,	ADDRESS: Carthage, Mo.	25. DATE RECD. BY LOCAL REG.: Aug 21, 1957	26. REGISTRAR'S SIGNATURE: Eunice E Strait, Deputy	

(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.

Taspar
County File Number 57
Date Filed AUG 29 1957

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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 e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin C. Elmer Jr.

Licensed Embalmer No. 49

P. O. Address Cantha

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.