

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45027

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>			
b. CITY OR TOWN <u>HANAGAN</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>Noah R.T.</u> (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>REST HOME</u>				Length of stay in 1b			
3. NAME OF DECEASED (Type or print) <u>JOSEPHINE</u> First Middle Last			4. DATE OF DEATH <u>9-12-1957</u> Month Day Year				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-31-1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and state or country) <u>JUNCTION CITY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13. FATHER'S NAME <u>FREDRICK ASHING</u>			
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT <u>CHAS. C. BREHM</u> Address <u>Noah Mo. R.T.</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>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cribitus femur fracture</u> DUE TO (c) <u>traumatic fracture</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>debility</u>							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>Slipped on floor</u>							
20c. TIME OF INJURY Hour <u>3 P.M.</u> Month, Day, Year <u>6 7 57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Pineville McDonald Mo</u>		
21. I attended the deceased from <u>8/12/57</u> to <u>9/12/57</u> and last saw her alive on <u>9/11/57</u> Death occurred at <u>7:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Pineville Mo</u>		22c. DATE SIGNED <u>12/13/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>9-15-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodbine Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Woodbine KANSAS</u>	
24. FUNERAL DIRECTOR <u>D. M. Humphrey</u> Address <u>Pineville Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-15-1957</u>		26. REGISTRAR'S SIGNATURE <u>Maureen Humphrey</u>	

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 *Mayne E. Humphrey*

Licensed Embalmer No. *426*

P. O. Address *Perisville*

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.