

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45222
STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 7

V. S. 300
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Thayer</u>		c. CITY OR TOWN <u>Thayer</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Monroe</u> Last <u>Humphreys</u>		4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov, 13, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>80</u>
13a. FATHER'S NAME <u>Johnson Humphreys</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Dowell</u>	11. BIRTHPLACE (City and state or country) <u>Sharp, County, Arkansas</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Obstructive Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		17. INFORMANT <u>Chester Humphreys, Thayer, Missouri</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Thayer, Ore</u>		20g. COUNTY <u>Oregon</u>	
20h. STATE <u>Oregon</u>		21. I attended the deceased from <u>Dec 11 1957</u> to <u>Dec 11 1957</u> . I had last saw him alive on <u>Dec 11 1957</u> . Death occurred at <u>11 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Cooper M.D.</u>		22b. ADDRESS <u>Thayer, Ore</u>	
22c. DATE SIGNED <u>12-13-1957</u>		23. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-13-1957</u>	
23c. LOCATION (City, town, or county) <u>Mammoth Spring, Arkansas</u>		23d. STATE <u>Arkansas</u>	
24. FUNERAL DIRECTOR <u>Edward Carter Thayer, Ore</u>		25. DATE RECD. BY LOCAL REG. <u>12-13-57</u>	
26. REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		(Licensed Embalmer's Statement on Reverse Side)	

REC 30 1957

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 *Edward Auto*

Licensed Embalmer No. 4511

P. O. Address *Shawnee, Mo*

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.