FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

45366

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 469

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Pulaski | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Pulaski |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union — Inside Limits Yes ☐ No ☒ | c. CITY OR TOWN Union Rural — Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b | d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Roxey | Middle: Ellen | Last: Humphrey | 4. DATE OF DEATH | Month 12 Day 19 Year 1957 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: 2/22/1883 | 9. AGE (In years last birthday): 74 | 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): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (City and state or country): Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |
| 13. FATHER'S NAME: Jerry Means | 14. MOTHER'S MAIDEN NAME: Rebecca Foster | | | | |
| 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.: None | 17. INFORMANT Address: Mrs. Harry Shippert, Dixon, Missouri | | | |

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) Cardiovascular Renal disease — [illegible] acute [illegible] pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease + nephritis

DUE TO (c) Senile Debility

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) 416 X

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.)

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 April 1957 to Dec 19, 57 and last saw her/him alive on Dec 19, 57

Death occurred at 10:00A. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | | |
|---|---|---|---|
| 22a. SIGNATURE (Degree or title): Richard E. Myers DD | 22b. ADDRESS: Newburg, Mo | 22c. DATE SIGNED: Dec 21, 57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 12/22/1957 | 23c. NAME OF CEMETERY OR CREMATORY: South Side Meta Cemetery | 23d. LOCATION (City, town, or county) (State): Meta, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS: Gilbert Funeral Home, Inc. Dixon, Mo. | 25. DATE RECD. BY LOCAL REG.: 12-21-57 | 26. REGISTRAR'S SIGNATURE: Eula Mae Anderson | |

(Licensed Embalmer's Statement on Reverse Side)

. Health, & Welfare S. Public h Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Maurice E. Schiesla

Licensed Embalmer No. 450

P. O. Address Dixon, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.