Health, Welfare Public Service

300
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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006495
STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Miller	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia, Rural — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Iberia 0660 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rural Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Richwoods twp — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Roscoe Middle Last Humphrey		4. DATE OF DEATH Month Day Year Jan 26, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 11/2/1883
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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iberia, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Humphrey		14. MOTHER'S MAIDEN NAME Fannie Grady	
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.	17. INFORMANT Address Cora Humphrey Iberia, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — year
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1942, to Jan 26 and last saw her/him alive on Jan 26 1958
Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. A. Goulet D.O. 2	22b. ADDRESS Iberia Mo	22c. DATE SIGNED 1/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/58	23c. NAME OF CEMETERY OR CREMATORY Union
23d. LOCATION (City, town, or county) (State) Iberia, Mo		
24. FUNERAL DIRECTOR ADDRESS Wm. A. Hedges Hedges Funeral Homes Inc Iberia, Mo	25. DATE RECD. BY LOCAL REG. JAN. 27 1958	26. REGISTRAR'S SIGNATURE Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 3 '58
Miller County
Health Department

FEB 19 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter F. Hedges

Licensed Embalmer No. 42

P. O. Address Iberia, Mo

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