

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009998  
STATE FILE NUMBER  
1309

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1309

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1220 Linwood Blvd</b>		Length of stay in lb <b>12 yrs</b>	d. STREET ADDRESS <b>1200 Linwood Blvd</b>
3. NAME OF DECEASED (Type or print) First <b>Elizabeth</b> Middle <b>Humerickhouse</b> Last <b>Humerickhouse</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>12</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8 1857</b>
9. AGE (In years last birthday) <b>100</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>New York City. N.Y.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jacob Groh</b>	13b. MOTHER'S MAIDEN NAME <b>No record</b>
14. NAME OF HUSBAND OR WIFE <b>Joseph Humrickhouse</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>
17. INFORMANT Address <b>Clara Patch 1200 Linwood Blvd K.C.Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ASC Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Senility</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>42.00</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.) <b>0</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	
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 <u>1950</u> to <u>date</u> and last saw her <u>alive</u> on <u>Feb 12, 1958</u> Death occurred at <u>6:30</u> AM. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M L Friedman M.D.</b>		22b. ADDRESS <b>701 E 63</b>	
22c. DATE SIGNED <b>3-12-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>Mar. 12 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope</b>	
23d. LOCATION (City, town, or county) <b>Topeka, Kansas</b>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>Mrs C.L. Forster Funerl Home Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>3-12-58</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Kansas City, Missouri</b>		26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>	

M. L. Friedman

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120 clark



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 *John V. Hennick, Jr.* .....

Licensed Embalmer No. *4848* .....

P. O. Address *F. C. Saw* .....

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.