

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010782
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 228-231 Primary Registration District No. 5808 Registrar's No. 81

300
-57
4

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Near Jonesburg Mo</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>New Florence Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marys Nursing Home 2mo</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>H.</u> Last <u>Humphrys</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1958</u> | | |
|---|--|--|--|--|--|

| | | | | | | |
|-------------------------|----------------------------------|---|---------------------------------------|--|--|--|
| 5. SEX <u>Female</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>Aug 4-1882</u> | 9. AGE (In years last birthday) <u>75-6-2</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u> | IF UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u> |
|-------------------------|----------------------------------|---|---------------------------------------|--|--|--|

| | | | |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Williamsburg Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|--|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>Lafayette Thompson</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Hudnelly</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph Humphrys "Decd"</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>no</u> | 17. INFORMANT <u>Mrs Jessie Garver New Florence Mo</u> Address |
|--|--------------------------------------|--|

| | |
|--|---|
| 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>Coronary Embolus</u> | INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u> |
|--|---|

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

4201

| | | |
|--|--|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u> <u>Generalized Arteriosclerosis with Hypertension</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>2</u> |
|---|--|

| | | | | | |
|---|---|--|--|--------------|-------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT <input 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.) | 20f. CITY, TOWN, OR LOCATION <u>New Florence Mo</u> | COUNTY _____ | STATE _____ |
|---|---|--|--|--------------|-------------|

| |
|---|
| 21. I attended the deceased from <u>Feb. 7, 1958</u> to <u>Apr. 6, 1958</u> and last saw her alive on <u>Mar. 26, 1958</u> Death occurred at <u>7:50</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|--|--|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>C. H. Thompson D.O. New Florence Mo</u> | 22b. ADDRESS <u>New Florence Mo</u> | 22c. DATE SIGNED <u>4-8-'58</u> |
|--|--|------------------------------------|

| | | | |
|--|----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>4-8-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Williamsburg Mo</u> |
|--|----------------------------|--|---|

| | | | |
|--|--------------------------------------|--|--|
| 24. FUNERAL DIRECTOR <u>C. H. Hopkins</u> | ADDRESS <u>MONTGOMERY CITY MO</u> | 25. DATE RECD. BY LOCAL REG. <u>April 10-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u> |
|--|--------------------------------------|--|--|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in items 18-20. No symptoms were observed. All diseases in Part I must be causally related.

MAY 5 1958

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 ~~XXX~~ On the 6 th day of April 1958, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *C. W. Hopkins*
C. W. Hopkins

Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address

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.