Health, & Welfare, Public Service

. 300
1-57

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

X FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024730
STATE FILE NUMBER

RN: 16829 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 465

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA HOSPITAL — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF 0120 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE # 5 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First ORVILLE Middle LEE Last HUMPHRIES
4. DATE OF DEATH: Month JULY Day 18 Year 1958
5. SEX: male
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-20-33
9. AGE (In years last birthday): 25 — 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and state or country): POPLAR BLUFF, MO.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: CHARLES WILLIAM HUMPHRIES
13b. MOTHER'S MAIDEN NAME: FRANCES BESCHEINER
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): PL 28
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: VA HOSPITAL RECORDS Address

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): SKULL FRACTURE, EXTENSIVE — INTERVAL BETWEEN ONSET AND DEATH: 9 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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): POSSIBLE FRACTURE CERVICAL SPINE
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] NO 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): AUTOMOBILE OVERTURNED
20c. TIME OF INJURY: Hour 8:20 PM p.m. Month, Day, Year 7-18-58
012
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X] VA
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 142 NEAR 160
20f. CITY, TOWN, OR LOCATION: ROUTE # 5 POPLAR BLUFF, MO. COUNTY: BUTLER STATE: MO.

21. I attended the deceased from JULY 18, 1958, to JULY 18, 1958
Death occurred at 5:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. W. GASKINS (Degree or title): Chief, Surg. Sv.
22b. ADDRESS: VAH, POPLAR BLUFF, MO.
22c. DATE SIGNED: 7-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-23-58
23c. NAME OF CEMETERY OR CREMATORY: City Cem.
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 7/26/58
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed Charles E. Mingle

Signature of Student Embalmer

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.