

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028807  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 812

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>SPRINGFIELD</b> <sup>0396</sup> <sub>0</sub>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>945 N. GRANT</b>	

3. NAME OF DECEASED First Middle Last  
**Kenneth Leon Humble**

4. DATE OF DEATH Month Day Year  
**August 18, 1958**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH **MARCH 21, 1918** 9. AGE (In years last birthday) **40**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SALES MAN** 10b. KIND OF BUSINESS OR INDUSTRY **MAXIM PIANO Co.** 11. BIRTHPLACE (City and state or country) **Greene Co. Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Everett Humble** 13b. MOTHER'S MAIDEN NAME **Viva Hildebrand** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes World War 2 1942-43** 16. SOCIAL SECURITY NO. **491-03-0748** 17. INFORMANT **Viva Humble** Address **945 N. Grant Springfield Mo**

18. CAUSE OF DEATH (Enter only **probable** for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Probable Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **unknown**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **UNATTENDED BY A PHYSICIAN** 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)

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 Month, Day, Year a.m. p.m.

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 **10:05** and last saw him alive on **8-25-58** Death occurred at **10:05** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE **James P. Amos, M.D.** (Degree or title) 21b. ADDRESS **1** 21c. DATE SIGNED **8-25-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8-25-58** 23c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery** 23d. LOCATION (City, town, or county) (State) **Springfield Missouri**

24. FUNERAL DIRECTOR **H. C. Ferrell, Republic Mo.** ADDRESS **8-22-58** 25. DATE RECD. BY LOCAL REG. **8-22-58** 26. REGISTRAR'S SIGNATURE **Effie G. Melton**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 28 1954

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 *Wm K. Ferrell* .....

Licensed Embalmer No. *4912* .....

P. O. Address *Rogersville, Mo.* .....

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.