

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042929

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 334 Primary Registration District No. 3012 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Grand Pass 0970</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fifty gibbon memorial</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>—</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>WESLEY</i> ^{First} <i>—</i> ^{Middle} <i>HUMPHREYS</i> ^{Last}	4. DATE OF DEATH Month <i>NOV.</i> Day <i>28</i> Year <i>1958</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 30, 1884</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>	IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Tenant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Saline County Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>John Humphrey</i>	14. MOTHER'S MAIDEN NAME <i>Lucy Reed</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>John D Smith K.C. Mo 640E Armour</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Hc</i> <i>Hc Bacilli</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hc Bacilli</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>16 years</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cirrhosis of Liver</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>X</i>
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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.) <i>002X</i>
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20c. TIME OF INJURY Hour <i>—</i> Month, Day, Year a. m. <i>—</i> p. m. <i>—</i>	20d. INJURY OCCURRED WHILE AT WORK <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 <i>Marshall Mo</i>	COUNTY <i>Mo</i>	STATE
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21. I attended the deceased from <i>11-19-58</i> to <i>11-27-58</i> and last saw ^{her} <i>alive</i> on <i>11-27-58</i> Death occurred at <i>8:15 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) <i>W.K. Nix</i>	22b. ADDRESS <i>Marshall Mo</i>	22c. DATE SIGNED <i>11-28-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-30-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Nebo Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Grand Pass Mo</i>
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24. FUNERAL DIRECTOR <i>Harry Hershberger</i>	ADDRESS <i>Marshall Mo</i>	25. DATE RECD. BY LOCAL REG. <i>11-30-58</i>	26. REGISTRAR'S SIGNATURE <i>Carl J. Reed</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W.K.Nix
MEDICAL CERTIFICATION

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..... *Harry Hershberger*

Licensed Embalmer No. *43*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If the body is not embalmed, fact should be so stated above.)
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.