

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010198
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 915 Primary Registration District No. 5783 Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Iberia - Richwoods.twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Iberia</u> <u>0660</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clyde Preston Humphrey</u>			4. DATE OF DEATH Month Day Year <u>Mar 31, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 11, 1942</u>	
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, when if retired) <u>Schoolchild</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Iberia, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Earl R Humphrey</u>		13b. MOTHER'S MAIDEN NAME <u>Ada J. Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>None</u>	
17. INFORMANT <u>Earl R. Humphrey</u>		Address <u>Iberia, Mo</u>		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>Carcinoma of the Metastinum</u> 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)	
INTERVAL BETWEEN ONSET AND DEATH <u>unknown</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>164X</u>		20c. TIME OF INJURY Hour a.m. Month, Day, Year 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>Iberia, Mo</u>		20g. COUNTY STATE	
21. I attended the deceased from <u>March 15-'59</u> to <u>March 31-'59</u> and last saw ^{her} him alive on <u>March 31 - '59</u> Death occurred at <u>10:00</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Wm. A. Yould D.O. 2</u>		22b. ADDRESS <u>Iberia, Mo.</u>	
22c. DATE SIGNED <u>4/3/59</u>		23a. BURIAL, CREMATION, or other disposition (Specify) <u>Burial</u>		23b. DATE <u>4/2/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Iberia,</u>		23d. LOCATION (City, town, or county) <u>Iberia, Mo</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Hedges Funeral homes</u>		25. DATE RECD. BY LOCAL REG. <u>April 10 1959</u>		26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter P. Nudge*

Licensed Embalmer No. *4265*
P. O. Address *Berlin, Md.*

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.