

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011032

STATE FILE NUMBER

2 2362

FILED MAR 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57
36
5
240

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) St. Louis Children's		d. STREET ADDRESS (If outside, give location) 1928 South Broadway	
Length of stay in lb 20 Hours		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Michael Ray Hummel			4. DATE OF DEATH Month Day Year March 6, 1959		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1959	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min. 29	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. c	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Edwin Hummel	13b. MOTHER'S MAIDEN NAME Shirley Carr	14. NAME OF HUSBAND OR WIFE Never Married
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address EMorsech-500 South Kingshighway
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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) Generalized debility DUE TO (b) Probable disseminated rativary gland virus disease DUE TO (c) 096.9		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post. fossa hemorrhage presumably birth trauma		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
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21. I attended the deceased from March 5, 1959 to March 6, 1959 and last saw her alive on March 6, 1959 Death occurred at 23 2:30pm m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Frank A. Harty, M.D.	22b. ADDRESS 500 South Kingshighway Blvd.	22c. DATE SIGNED 3/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Funeral	23b. DATE 3-7-59	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town or county) (State) Lewistown Mo
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24. FUNERAL DIRECTOR Address Wanda Ogroski, 1001 S. Lewis, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. MAR 7 '59	26. REGISTRAR'S SIGNATURE Road Smith, M.D. ex.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Color, marker, etc. and use only standard nomenclature in their to. no symptoms will be stated. 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

Not Embalmed
Signed *John A. Agonosh*
Licensed Embalmer No. *2298*

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.