Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014196
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swearingen Home — Length of stay in 1b 9 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Town — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS none (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Emma Middle C Last Humphreys

4. DATE OF DEATH Month 4-17-59 Day Year

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 9-25-1877
9. AGE (In years last birthday) 81 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mineola Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Robt T. Cole
13b. MOTHER'S MAIDEN NAME Nancy Ferris
14. NAME OF HUSBAND OR WIFE James F. Humphreys

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 Robert Cole Mexico Missouri 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension — Several years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Arteriosclerosis - Senility 331x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year
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 4/16/59, to 4/17/59 and last saw her/him alive on 4/17/59
Death occurred at 7:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Thompson DD
22b. ADDRESS New Florence, Mo
22c. DATE SIGNED 4-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-19-59
23c. NAME OF CEMETERY OR CREMATORY Bryan Cemetery
23d. LOCATION (City, town, or county) (State) Mineola Mo

24. FUNERAL DIRECTOR A. Hopkins ADDRESS Montgomery City Mo
25. DATE RECD. BY LOCAL REG. 4-23-59
26. REGISTRAR'S SIGNATURE Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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, ~~xxx~~ on the 17 th day of April 1959, Student Embalmer No. .....

working under my personal supervision.

C. W. Hopkins

Student .....
Signature of Student Embalmer

Signed C W Hopkins

Licensed Embalmer No. 1487

Montgomery City Mo
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.