

t. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020092
STATE FILE NUMBER

FILED JUN 5 1959 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 96

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SIKESTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 610 N. KINGSHIGHWAY		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 610 N. KINGSHIGHWAY
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First LUCY Middle — Last HUMPHREYS			4. DATE OF DEATH Month 5 Day 2 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1888	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Scott Co., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALBERT WYLIE	13b. MOTHER'S MAIDEN NAME KATE STONE	14. NAME OF HUSBAND OR WIFE STEVE HUMPHREYS	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT Steve Humphreys Jr. Houston Texas	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH 1/2 hrs
IMMEDIATE CAUSE (a) Coronary occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis	
	DUE TO (c)	
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 <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.)
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 Sebaston, MO	COUNTY MO	STATE
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21. I attended the deceased from 3/3/59 to 5/2/59 and last saw her/him alive on 5/2/59 Death occurred at 4:00 A. 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) Wm. C. Cutchlow M.D.	22b. ADDRESS Sebaston, MO	22c. DATE SIGNED May 14, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-4-59	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) SIKESTON MO
24. FUNERAL DIRECTOR Welsh Funeral Home, Sebaston Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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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 *Raymond Grews*

Licensed Embalmer No. *3467*
P. O. Address *Sikeston 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.