

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021445

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2668

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors' Hospital		Length of stay in hospital 3 days	d. STREET ADDRESS (If outside, give location) 419 N. Wheeling
3. NAME OF DECEASED (Type or print) First Sarilda Middle Eugenie Last Hummon		4. DATE OF DEATH Month May Day 27 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1862
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fillmore, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Hall	
13b. MOTHER'S MAIDEN NAME Permelia Jane Jackson		14. NAME OF HUSBAND OR WIFE Isaac F. Hummon	
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 Mrs. Everett Gilbert, Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) anasarca		2 mo.	
DUE TO (c) Bundle branch block		1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		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 2:12 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	
21. I attended the deceased from May 19, 1959 , to May 27, 1959 and last saw her alive on May 27, 1959 Death occurred at 2:12 p.m. on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) Glenn W. Springer, D.O.	
22b. ADDRESS 5902 St. John Ave. Kansas City, Mo.		22c. DATE SIGNED 5-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-31-59	23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	23d. LOCATION (City, town, or county) (State) Fillmore, Mo.
24. FUNERAL DIRECTOR Wm A Rich Savannah, Mo.		25. DATE RECD. BY LOCAL REG. 5-30-59	26. REGISTRAR'S SIGNATURE Neva Minshall

Glenn W. Springer
MEDICAL CERTIFICATION
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 *Wm J Rich*

Licensed Embalmer No. *4228*
P. O. Address: *Savannah*

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.