

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025208

FILED VS JUL 27 1959

STATE FILE NUMBER 3203

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3203

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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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hosp.		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 3330 Olive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Minnie Middle E. Last Humphrey			4. DATE OF DEATH Month June Day 29 Year 1959	
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5. SEX Female	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 5-25-79	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Apt. Owner	11. BIRTHPLACE (City and state or country) Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Humphrey	13b. MOTHER'S MAIDEN NAME Martha Gilmore	14. NAME OF HUSBAND OR WIFE -
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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 Downtown Hospital Records, K. C., Mo. 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: IMMEDIATE CAUSE (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 1 hr 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	
	DUE TO (c) -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized ASC 4201		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.) -
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred at 6 May 1-59 to home of death and last saw her alive on 6-29-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Leo M. Miller MD (Degree or title)	22b. ADDRESS 4443 Paces Blvd	22c. DATE SIGNED 6.30.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-29-59	23c. NAME OF CEMETERY OR CREMATORY Maryville	23d. LOCATION (City, town, or county) (State) Maryville, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 6-30-59	26. REGISTRAR'S SIGNATURE Irene Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Leo M. Miller

All diseases in Part I must be causally related.

10 A.M.

NOV 8 1967

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address K C 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.