# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1959

59-026259
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 4447 Registrar's No. 101

NDED

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Henrietta — Length of stay in 1b 26 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Main St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Henrietta — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS Middle WILLARD Last HUMBARD

4. DATE OF DEATH Month Day Year July 27, 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/19/1886
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad section foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroading
11. BIRTHPLACE (City and state or country) Clay County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William C. Humbard
13b. MOTHER'S MAIDEN NAME Elizabeth Williams
14. NAME OF HUSBAND OR WIFE Flora Meritt Humbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 702-05-6836
17. INFORMANT Address Mrs. Flora M. Humbard, Henrietta, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-Sclerosis — —
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 July-20-59, to July 27-59 and last saw her/him alive on 7-27-59.
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. Gay MD
22b. ADDRESS Richmond Mo
22c. DATE SIGNED 7-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 28, 1959
23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Clay Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.
25. DATE RECD. BY LOCAL REG. 7-28-1959
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~xxxxx~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lucas Thurman

Signature of Student Embalmer

Licensed Embalmer No. 4565

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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: