URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039575

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 252

AMENDED

1. PLACE OF DEATH
a. COUNTY Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Length of stay in 1b 40 yr

c. CITY OR TOWN Union — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home 5 mi east of Union — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Home 5 mi east of Union, Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle ----- Last HUMMEL

4. DATE OF DEATH Month November Day 14 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 28 Nov 78

9. AGE (last birthday) 80

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) New Haven, Mo.

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Francisus Hummel

13b. MOTHER'S MAIDEN NAME Mary Elizabeth Horing

14. NAME OF HUSBAND OR WIFE Lela Jones Hummel

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. none

17. INFORMANT Mrs Lela Hummel Address R R Union, 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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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 1960, to 11.14.59 and last saw her/him alive on 11.13.59

Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. W. Denny M.D.

22b. ADDRESS Union Mo

22c. DATE SIGNED 11.16.59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 17 Nov 59

23c. NAME OF CEMETERY OR CREMATORY Indian Praire Cemetery

23d. LOCATION (City, town, or county) (State) Union, Missouri

24. FUNERAL DIRECTOR Stanley E Meyer ADDRESS Union, Mo.

25. DATE RECD. BY LOCAL REG. 11/16/59

26. REGISTRAR'S SIGNATURE F. C. Hickmann

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____ Stanley E. Meyer

Signature of Student Embalmer

Licensed Embalmer No. 4639

P. O. Address Union, Mo.

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