

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007578

FILED VS MAR 1 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 19 days		c. CITY OR TOWN St. James Rt. 3,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hsop.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Dillon Township		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) LIZZIEBILLE RICHESON HUMPHREY				4. DATE OF DEATH Month February Day 22, Year 1960					
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 7/8/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager			10b. KIND OF BUSINESS OR INDUSTRY Phelps Co. Hsop.	11. BIRTHPLACE (City and state or country) Potosi, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James M. Richeson			13b. MOTHER'S MAIDEN NAME Lizzie P. Wiatt			14. NAME OF HUSBAND OR WIFE George Humphrey			
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. 497-16-1500		17. INFORMANT Address George Humphrey Rt. 3, St. James, 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) cerebral hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 1 wk	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension								yrs.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. _____	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	
21. I attended the deceased from past year to 2-22-60 and last saw her/him alive on 2-21-60 Death occurred at 3:15 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. Feind M.D.				22b. ADDRESS Rolla mo				22c. DATE SIGNED 2-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/24/60	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Garden			23d. LOCATION (City, town, or county) Rolla, Mo.			(State)	
24. FUNERAL DIRECTOR Carl J. Glenn West 10th. st., Rolla, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 22, 1960		26. REGISTRAR'S SIGNATURE Nadene L. Stoll			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 25 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Glen

Licensed Embalmer No. 470

P. O. Address Rally

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.