

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033882  
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 220

**FILED OCT 9 1961**

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |                                  |
| a. COUNTY <b>Randolph</b>  |   | a. STATE <b>Missouri</b> COUNTY <b>Randolph</b>   |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>   |   | c. CITY OR TOWN <b>Moberly</b>  |                                  |
| Length of stay in lb <b>14 years</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>626 S. Clark St.</b>  |   | d. STREET ADDRESS (If outside, give location) <b>626 S. Clark St.</b>   |                                  |
| 3. NAME OF DECEASED (Type or print)  |   | 4. DATE OF DEATH  |                                  |
| First Middle Last <b>Roland Walter Hummel</b>  |   | Month Day Year <b>9/24/61</b>   |                                  |
| 5. SEX <b>male</b>   | 6. COLOR OR RACE <b>white</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>1/2/1911</b> |
| 9. AGE (last birthday) <b>50</b>   |   | IF UNDER 1 YEAR IF UNDER 24 HR  |                                  |
|  |   | Months Days Hours Min.  |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |                                  |
| 11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |                                  |
| 13a. FATHER'S NAME <b>Walter Hummel</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Emma Hoerner</b>   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |   | 17. INFORMANT Address <b>Mrs. Paul Naylor Moberly</b>   |                                  |
| 14. NAME OF HUSBAND OR WIFE <b>Fern Hummel</b>   |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:   |                                  |
| IMMEDIATE CAUSE (a) <b>GLIOBLASTOMA MULTIFORME RIGHT TEMPORAL REGION OF BRAIN</b>  |   | INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>  |                                  |
| 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) <b>PULMONARY TUBERCULOSIS, LEFT LUNG OVER 1957</b> |   | 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 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. Month, Day, Year  |   |   |                                  |
| 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 <b>NOV 16 1957</b> to <b>SEPT 24 1961</b> and last saw <sup>her</sup> him alive on <b>Aug 25 61</b>   |   |   |                                  |
| Death occurred at <b>7:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |                                  |
| 22a. SIGNATURE (Degree or title) <b>Charles C. Cobbs M.P.</b>  |   | 22b. ADDRESS <b>Moberly, Mo.</b>  |                                  |
| 22c. DATE SIGNED <b>9-2-61</b>   |   |   |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>9/26/61</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>   |                                  |
| 23d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>   |   |   |                                  |
| 24. FUNERAL DIRECTOR ADDRESS <b>Marion E. Million Moberly, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>9-26-61</b>   |                                  |
|  |   | 26. REGISTRAR'S SIGNATURE <b>Leah Wilson</b>  |                                  |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 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

*Marion E. Miller*

Licensed Embalmer No. 3957

P. O. Address Moberly ; 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.