

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044252

Registration District No. FILED DEC 13 1961Primary Registration District No. 200Registrar's No. 1238

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in lb <u>6 days</u>		c. CITY OR TOWN <u>Urbana, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Calvin</u>		Middle <u>Leslie</u>		Last <u>Hummel</u>		Month <u>Dec</u> - <u>10</u> - <u>1961</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH- <u>Dec-6-1915</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Supply Co.</u>		11. BIRTHPLACE (City and state or country) <u>Watouga, S. Dakota</u>		9. AGE (last birthday) <u>46</u>	
13a. FATHER'S NAME <u>John H. Hummel</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Kelsey</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE Hummel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.II</u>				7. INFORMANT <u>MARIE Hummel - Urbana, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u>							
DUE TO (b) <u>due to Arteriosclerotic Coronary</u>							
DUE TO (c) <u>Jarabour</u>							<u>15 days</u>
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 checked="" 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.) <u>NONE</u>			
20c. TIME OF INJURY Hour 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 <u>12-5-61</u> to <u>12-10-61</u> and last saw <u>him</u> alive on <u>12-10-61</u> Death occurred at <u>6:35 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W.D. Paul, M.D.</u> (Degree or title)				22b. ADDRESS <u>609 Cherry, Springfield, Mo</u>		22c. DATE SIGNED <u>12/11/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-13-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Palmetto, com</u>		23d. LOCATION (City, town, or county) <u>Greene Co, Mo</u>	
24. FUNERAL DIRECTOR <u>Allen W. Vaughan, Urbana, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-15-61</u>		26. REGISTRAR'S SIGNATURE <u>Ellen S. Meeton</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1966

DEC 27 1961

MAY 1 1962

DEC 28 1961

**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 Allen W. Saughan

Licensed Embalmer No. 4156

P. O. Address Thorbana, Md

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.