

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044786

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6589

STATE FILE NUMBER

AMENDED

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 60 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4630 East 9th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RONALD Middle A. Last HUMPHRIES			4. DATE OF DEATH Month Dec Day 28 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-13-91	9. AGE (last birthday) 70 yrs	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) Laborer Foreman		10b. KIND OF BUSINESS OR INDUSTRY Traffic Engineer	11. BIRTHPLACE (City and state or country) Blue Springs, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Samuel Perry/Humphries		13b. MOTHER'S MAIDEN NAME Maggie Huff		14. NAME OF HUSBAND OR WIFE -- Bessie Humphries		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WW I			17. INFORMANT Address VA Hospital Official Records			

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) Bronchopneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Tracheobronchial aspiration	
	Malignant lymphoma of pelvis involving bladder, M prostate and both testes.	
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 checked="" 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. attended the deceased from Sept. 19, 1961 to Dec. 28, 1961
 Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>S.H. CHOY</i> S.H. CHOY M.D.		(Degree or title)	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 12-29-61
23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 1-2-62	23c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery		23d. LOCATION (City, town, or county) Hutchinson, Kansas
24. FUNERAL DIRECTOR D. W. Newcomer's Sons Kansas City, Mo. 1-1-62		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harman W. Pearson

Licensed Embalmer No. 4889

P. O. Address Lithgow, TN

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.