

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002785

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Primary Registration District No. 3046 Registrar's No. 10

FILED JAN 29 1962

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> | | Length of stay in 1b <u>Life</u> | c. CITY OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Versailles Ave.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Versailles Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>LEWIS RAY HUME</u> | 4. DATE OF DEATH Month Day Year <u>January 21, 1962</u> |
|---|---|

| | | | | | | |
|-----------------------|----------------------------------|--|--------------------------------------|-------------------------------------|---|----------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/18/1902</u> | 9. AGE (last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|--|--------------------------------------|-------------------------------------|---|----------------|

| | | | |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Welding Shop</u> | 11. BIRTHPLACE (City and state or country) <u>California, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--|--|---|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>James Hume</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Pennington</u> | 14. NAME OF HUSBAND OR WIFE <u>Blanche Kaylor</u> |
|---|--|--|

| | | |
|---|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Blanche Hume, California, Mo.</u> |
|---|-------------------------|--|

| | |
|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c): | INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</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 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. 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 Jan 21 62 to Jan 21 62 and last saw him alive on Jan 21 1962
Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|--------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Edgar A. Keller M.D.</u> | 22b. ADDRESS <u>California Mo</u> | 22c. DATE SIGNED <u>1/22/62</u> |
|---|--------------------------------------|------------------------------------|

| | | | |
|--|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1/23/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Missouri</u> |
|--|-------------------------------|---|--|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR ADDRESS <u>Hugh E. Williams, California, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>1-24-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Robert D. Capejay</u> |
|---|--|---|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 27 1962

APR 11 1962

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.