

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-029984

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 25

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0080

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLE</b>		Length of stay in 1b <b>7 MONTHS</b>	c. CITY OR TOWN <b>LINCOLN RT. 2</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>18 mi. S. Cole CAMP, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>18 mi. S. Cole CAMP</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANDREW Christopher HUMBURG</b>		4. DATE OF DEATH Month Day Year <b>AUG. 16 1962</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>9-27-1902</b>
9. AGE (last birthday) <b>59</b>		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) <b>PLUMBER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PLUMBING</b>	11. BIRTHPLACE (City and state or country) <b>DRAKE, MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JACOB HUMBURG</b>	
13b. MOTHER'S MAIDEN NAME <b>BERTHA VON BERHN</b>		14. NAME OF HUSBAND OR WIFE <b>LOUISE M. HUMBURG</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>LOUISE M. HUMBURG</b>
17. ADDRESS <b>LINCOLN, MO, RT 2</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>Medullary Paralysis</b> DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Month, Day, Year 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 <b>4-26-62</b> to <b>8-16-62</b> and last saw <sup>her</sup> him alive on <b>8-16-62</b> Death occurred at <b>3:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Arthur Gonzalez Jr</i>	
22b. ADDRESS <b>Cole Camp Mo.</b>		22c. DATE SIGNED <b>8-17-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-19-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HIGGINSVILLE MO.</b>
24. FUNERAL DIRECTOR <b>FORREST HOEFER</b>	ADDRESS <b>HIGGINSVILLE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>8-20-62</b>	26. REGISTRAR'S SIGNATURE <i>B L Eickhoff</i>

AUG 22 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 Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address POLO CAMP, 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.