

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045529-1

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 307a Registrar's No. 221

VS 300
Rev. 4/59

6975
2970

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121-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Saline | | a. STATE Missouri COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall | | Length of stay in 1b I week | c. CITY OR TOWN Arrow Rock Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Arrow Rock Star Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) William Fredrick Humburg | | | 4. DATE OF DEATH Month November Day 10th Year 1962 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH II-30-1881 |
| 9. AGE (last birthday) 80 | | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Warren County Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Jacob Humburg | |
| 13b. MOTHER'S MAIDEN NAME Henrietta Keene | | 14. NAME OF HUSBAND OR WIFE Emma Charlotte Humburg | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT A Mrs Emma Humburg, Arrow Rock Mo. Address _____ |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <i>Massive Internal Hemorrhage</i> | | | <i>10 hrs</i> |
| DUE TO (b) <i>Generalized Carcinomatosis</i> | | | <i>5 hrs</i> |
| DUE TO (c) <i>Primary Carcinoma of Bladder</i> | | | <i>18 hrs</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Intestine - Intestis Colicosis</i> | | | 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 <i>July 62</i> to <i>10 Nov 62</i> and last saw him alive on <i>9 Nov 62</i> Death occurred at <i>7-35 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Carl H. Read</i> (Degree or title) | | 22b. ADDRESS <i>Marshall Mo</i> | 22c. DATE SIGNED <i>11 Nov 62</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE II-12-1962 | 23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery | 23d. LOCATION (City, town, or county) (State) Arrow Rock Missouri |
| 24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo. | | 25. DATE RECD. BY LOCAL REG. 11-12-62 | 26. REGISTRAR'S SIGNATURE <i>Carl H. Read</i> |

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 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 R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.