MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-016983
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6770
6770 1
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4 0
5 1
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7 1
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94201H
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12 90-2
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 67

FILED APR 16 1963

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Barren Fork Twp.
Length of stay in Ib: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Romance
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Barren Fork Twp.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Enoch Last: Humble
4. DATE OF DEATH: Month: April Day: 13 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-30-1900
9. AGE (last birthday): 62
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: Own
11. BIRTHPLACE (City and state or country): Sedan Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Humble
13b. MOTHER'S MAIDEN NAME: Flora Dixson
14. NAME OF HUSBAND OR WIFE: Eva P. Humble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates o
16. SOCIAL SECURITY NO.: 2882
17. INFORMANT: Mrs. Eva P. Humble Address: Romance Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CA of bladder. Probably arrested or cured 18 mo
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12/23/61 to 4/13/63 and last saw her/him alive on 2/4/63
Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M. J. Hoerman (Degree or title) DO
22b. ADDRESS: Gainesville, Missouri
22c. DATE SIGNED: 4/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-14-63
23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
23d. LOCATION (City, town, or county) (State): Denver Colo.
24. FUNERAL DIRECTOR: Clin Kingbard ADDRESS: Gainesville
25. DATE RECD. BY LOCAL REG.: 4-15-63
26. REGISTRAR'S SIGNATURE: Barbara Shaw

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1963

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_____ Signed John R. Cleary
Signature of Student Embalmer

Licensed Embalmer No. 4885

P. O. Address Gainesville 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.