

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016983

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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)

Barren Fork Twp.

Length of stay in 1b

4 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION HomeInside 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 Barren Fork Twp.

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WilliamEnochHumble4. DATE
OF
DEATH

Month

Day

Year

April13-1963

5. SEX

M

6. COLOR OR RACE

W7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-30-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days 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 Dixon

14. NAME OF HUSBAND OR WIFE

Evea P. Humble15. 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.

444-09-2882

17. INFORMANT

Mrs. Evea P. Humble, Romance, Mo.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 occlusionINTERVAL BETWEEN
ONSET AND DEATHInstantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)(A of bladder. Probably arrested or cured 18 mo)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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 Month, Day, Year

a.m.

p.m.

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 2/4/63Death occurred at 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. J. Hoerneman MD

22b. ADDRESS

18 Gainesville, Missouri

22c. DATE SIGNED

4/14/6323a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4-14-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens Denver Colo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ch. Kingbeard Gainesville

25. DATE RECD. BY LOCAL REG.

4-15-63

26. REGISTRAR'S SIGNATURE

Barbara Shaw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed

John R. Cherry

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.