

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1095

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 42.16 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> <u>42</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>none</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>HENRY</u>	b. (Middle) <u>CLAY</u>	c. (Last) <u>UMPHRES</u>	<u>Feb 8 1949</u>		

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Dec. 29 - 1844</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 11 HRS.
				<u>104</u>	Months <u>1</u> Days <u>9</u>	Hours <u>9</u> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Wayne County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United State</u>
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13a. FATHER'S NAME <u>David Lyle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lone</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Sullivan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>civil war</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Leonard Calhoun</u> ADDRESS <u>MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Calhoun Henry MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 7, 1949, to Feb 7, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray B Jordan M.D.</u>	23b. ADDRESS <u>Widower MO</u>	23c. DATE SIGNED <u>2-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 10 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun MO</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10-49</u>	REGISTRAR'S SIGNATURE <u>R. R. Kennedy</u>	120	25. GENERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u> ADDRESS <u>Clinton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42
0
0

APR 12 1949

RECEIVED

District Health Officer No.

District File Number 1-49-7

Date Filed 2-14-49

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.

Signed _____

Fred Wilkinson

Signed _____

Student Embalmer

Licensed Embalmer No. 2478

P. O. Address Clinton, N.C.

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 this body is not embalmed, fact should be so stated above.