

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1950

State File No. 36789

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Collinsville</u>	<u>8720</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>314 MAIN ST. (West)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>A</u> c. (Last) <u>HUME</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1950</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb 17 1880</u>	9. AGE (In years last birthday) <u>69</u> 10. IF UNDER 1 YEAR Months <u>9</u> 11. IF UNDER 1 YEAR Days <u>9</u> 12. IF UNDER 1 YEAR Hours <u>9</u> 13. IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert H. Hume</u>	13b. MOTHER'S MAIDEN NAME <u>Irena Stambaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Never married.</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY HAS NO. but NO. <u>UNAVAILABLE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sue Clem</u> ADDRESS <u>Collinsville Ill</u>
--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>		<u>1 year</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>162X</u>

19a. DATE OF OPERATION <u>Nov 6-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma P. Lung</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 26, 1950, that I last saw the deceased alive on Nov 26, 1950 and that death occurred at 1:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Nov 27-50</u>
--	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>	24b. DATE <u>Nov 28 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>
---	------------------------------	---	---

DATE/REC'D BY LOCAL REG. <u>11/27/50</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u> ADDRESS <u>Trenton, Mo.</u>
--	---	---

NOV 30 1950

12

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed J. Gordon Blecton
Student Embalmer No.....
Licensed Embalmer No. 4602

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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