FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1047
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunshine Acres Length of stay in Ib ~~79 yrs.~~

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

3. NAME OF DECEASED (Type or print) First JESSIE Middle EVELEN Last HUMBARD
4. DATE OF DEATH Month Jan. Day 27 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH March 23, 1877
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Laclede County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dr. Boyd McDaris
14. MOTHER'S MAIDEN NAME Sarah Forgenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mr. Julian McDaris R.#1, Brighton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion 2 hrs
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) 4201
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 Nov. 29, 1956 to Jan. 27, 1957 and last saw her alive on Jan 14, 1957
Death occurred at 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE David H. Hall, M.D. (Degree or title)
22b. ADDRESS Springfield Mo.
22c. DATE SIGNED 1/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 30, 1957
23c. NAME OF CEMETERY OR CREMATORY Eastlawn
23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 1-31-57
26. REGISTRAR'S SIGNATURE Fritz Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....Lee Mason....

Licensed Embalmer No. 4568

P. O. Address Springfi e

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.