

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001109

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 10

300
1-57

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEESVILLE TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CLINTON RD 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Length of stay in 1b 1yr	d. STREET ADDRESS (If outside, give location) mi east of Tipton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN CALVIN HUMPHREYS			4. DATE OF DEATH Month Day Year JAN 3 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 7 1887		9. AGE (In years last birthday) 71
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN HUMPHREYS		13b. MOTHER'S MAIDEN NAME ESABELLE STRICKLAND	
14. NAME OF HUSBAND OR WIFE DIVORCED		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes #2		16. SOCIAL SECURITY NO. 500-11-287	
17. INFORMANT RICHARD HUMPHREYS		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) found frozen in his home - posture indicated death by natural cause. Posture on floor, face partially down and right arm over chair leg. Lived alone. 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) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 _____ NO ATTENDANT - Time of death arbitrarily set at Death occurred at Jan 3, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.D. Bradshaw, MD. Coroner		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 1-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Jan 12 1959		23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	
23d. LOCATION (City, town, or county) CLINTON MISSOURI		23e. DATE RECD. BY LOCAL REG. 1-12-59		23f. REGISTRAR'S SIGNATURE Mildred Bigum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6561 9 833
FEB 5 1959

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 F. L. Scheub

Licensed Embalmer No. 4513

P. O. Address Clinton, 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.