

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29525

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 334
1. PLACE OF DEATH a. COUNTY CAPE Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU.		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KNOBLICK 94	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL.		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) GEO. b. (Middle) HENRY c. (Last) HUMPHREY		4. DATE OF DEATH (Month) (Day) (Year) SEPT 16 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH MAY 7 1873	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) STE GENEVIEVE COUNTY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS HUMPHREY		13b. MOTHER'S MAIDEN NAME DON'T KNOW	14. NAME OF HUSBAND OR WIFE JENNIE COVINGTON HUMPHREY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HUBERT HUMPHREY KNOBLICK MO	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bowel Obstruction DUE TO (c) Incarcerated Inguinal Hernia. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 56.00
19a. DATE OF OPERATION Sept 16, 1949		19b. MAJOR FINDINGS OF OPERATION Portion of Ileum & Cecum Incarcerated & obstructed in Inguinal Ring		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) Cape Girardeau, Cape Girardeau MO.	
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 Sept 15, 1949 to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 8:05 p.m., from the causes and on the date stated above.				
23a. SIGNATURE N.J. Newell M.D.		(Degree or title)	23b. ADDRESS 105 S. Spanish Cape Girardeau	23c. DATE SIGNED Oct 7, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 18 1949	24c. NAME OF CEMETERY OR CREMATORY THREE RIVERS	24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.	
DATE REC'D BY LOCAL REG. 10-7-1949	REGISTRAR'S SIGNATURE G.G. Summers 44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Cozart Farmington, Mo.		

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

16

RECEIVED 10-11-49

District Health Officer No. 4

District File Number 1049-1345

Date Filed _____

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.