

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26240

BIRTH NO. <u>42582-55</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3837</u>	
1. PLACE OF DEATH <u>The Childrens Mercy Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>				a. STATE <u>MO</u>		b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.C. MO.</u>		c. LENGTH OF STAY (in this place) <u>4 dcs.</u>		c. CITY OR TOWN <u>California</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Childrens Mercy Hosp</u>				STREET ADDRESS (If rural, give location) <u>500 1/2 S. Oak. 068</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dale</u>		b. (Middle) <u>Allyn</u>		c. (Last) <u>HUME</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>31</u>		(Year) <u>55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>6-26-55</u>	
9. AGE (in years last birthday) <u>2</u>		IF UNDER 1 YEAR <u>5</u> Months		IF UNDER 2 HRS. <u>5</u> Hours		IF UNDER 1 MIN. <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Robert HUME</u>				13b. MOTHER'S MAIDEN NAME <u>Thelma Rose Bowlin</u>			
14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>---</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Rose Bowlin</u>				ADDRESS <u>Calif. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac hypertrophy and valvular heart disease, congenital type</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbidity 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>pulmonary congestion</u>				7544			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>8-27-55</u> , 19 <u>55</u> , to <u>8-31-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-31</u> , 19 <u>55</u> , and that death occurred at <u>---</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Childrens Mercy Hosp. KCMO</u>		23c. DATE SIGNED <u>8-31-55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>Dora Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer & Sons</u> ADDRESS <u>Kansas City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Rollie R. Kessler

Licensed Embalmer No. *46*

P. O. Address *Kansas*

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.