

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9003

0495

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 142

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | c. LENGTH OF STAY (If in place) <u>5 1/2 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> <u>0495</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2405 Odessa</u> | | d. STREET ADDRESS (If rural, give location) <u>2405 Odessa</u> | |

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|-------------------------------------|-------------------------|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Edgar</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Hemphill</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19, 1951</u> |
|-------------------------------------|-------------------------|-----------------------|---------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 28, 1881</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Levi Hemphill</u> | 13b. MOTHER'S MAIDEN NAME <u>Enelina Stucker</u> | 14. NAME OF HUSBAND OR WIFE <u>Elvira Hemphill</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>490-20-3010</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bable Record</u> | ADDRESS <u>2405 Odessa</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> | | |
| | ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) <u>unknown</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>331X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) (Min.) | 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 Mar 2, 1951, to Mar 19, 1951; that I last saw the deceased alive on Mar 19, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J.R. Morgan</u> | 23b. ADDRESS <u>521 W. 4 Joplin Mo.</u> | 23c. DATE SIGNED <u>3-20-51</u> |
|---|---|---------------------------------|

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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/21/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> |
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|---|--|---|---|
| DATE REC'D BY LOCAL REG. <u>3-22-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-26-51

Jasper County Health Office

County File Number 51-3-251

Date Filed 3-24-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Charles E. Tre*

Licensed Embalmer No. *4708*

P. O. Address *Joplin, 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 this body is not embalmed, fact should be so stated above.