

No. 30
10. 48

FILED SEP 12 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26109

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8005 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Bates 0071		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 0071	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial Hospital		d. STREET ADDRESS (If rural, give location) 505m E. Dakota 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Alexander c. (Last) Hemstreet			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14, 1870	9. AGE (In years) (Last birthday) 80	10. MONTHS 9	11. DAYS 17	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) Illinois	

13a. FATHER'S NAME William Hemstreet		13b. MOTHER'S MAIDEN NAME Mary Wilhoite		14. NAME OF HUSBAND OR WIFE Cora Hemstreet	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Cora Hemstreet--Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) stroke		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		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)	
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 1946, to 8-31, 1951, that I last saw the deceased alive on 8-31, 1951, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. LaHase, M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 9-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 3, 51		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler, Missouri	

DATE REC'D BY LOCAL REG. Sept. 8-1951		REGISTRAR'S SIGNATURE Rendall Hovey		25. FUNERAL DIRECTOR'S SIGNATURE Butler-Timberwood		ADDRESS Butler, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

9-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-11-51 _____

2007 72 11/13

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 *Harace K. Hill*

Licensed Embalmer No. *4743*

P. O. Address *Butler, 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.