

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2001

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>5 da</u>		d. STREET ADDRESS (If rural, give location) <u>no</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Junius Leroy</u> b. (Middle) _____ c. (Last) <u>Heminger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-52</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>10-28-64</u>		9. AGE (In years last birthday) <u>87</u> 8 Months _____ Days _____ Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME <u>Andrew Heminger</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Epsilon</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Heminger</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>2</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cody Heminger</u> ADDRESS <u>Joplin, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>			ANTECEDENT CAUSES			2-3-52		
DUE TO (b) <u>Arteriosclerosis</u>			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			2-3-52		
DUE TO (c) <u>Hypertension</u>			II. OTHER SIGNIFICANT CONDITIONS			2-3-52		
Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4220</u>		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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 2-3, 19 52, to 7-3, 19 52, that I last saw the deceased alive on 7-2, 19 52, and that death occurred at 5:35 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D. U</u>		23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>7-12-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoph Cam</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoph Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-17-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Joplin & Sons Sarcoph Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7/18

Jasper County Health Office

County File Number

568

Date Filed

7/18/52

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Parsonville 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.