

FILED MAY 6 1954

STANDARD CERTIFICATE OF DEATH

11335

State File No. _____

BIRTH NO. 96245-54 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 285

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stoddard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico
d. STREET ADDRESS (If rural, give location) 1030

3. NAME OF DECEASED (Type or Print)
a. (First) Roy b. (Middle) David c. (Last) Hemby

4. DATE OF DEATH (Month) (Day) (Year)
Apr 17 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Dec. 11 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 4 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Puxico Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Buford Hemby

13b. MOTHER'S MAIDEN NAME Geneva Tanner

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Buford Hemby Puxico 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberc. Pneumonia
ANTECEDENT CAUSES
Morbid 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. Pertussis

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) Puxico Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4-15, 1954, to 4-17, 1954, that I last saw the deceased alive on 4-17, 1954, and that death occurred at 11:53 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Brown M.D.

23b. ADDRESS Poplar Bluff, Mo.

23c. DATE SIGNED 4-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr 19 1954

24c. NAME OF CEMETERY OR CREMATORY Puxico

24d. LOCATION (City, town, or county) (State) Puxico Mo

DATE REC'D BY LOCAL REG. 4/30/54

REGISTRAR'S SIGNATURE R. H. Murrell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd Morgan Puxico Mo

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

RECEIVED

MAY 3 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

10/1/54

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. _____

Not Embalmed

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.