No. 300
10.48

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14759

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Adair County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 14 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Shelbiba
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): X

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3. NAME OF DECEASED (Type or Print)
a. (First): JERRY
b. (Middle): LEE
c. (Last): HEHR

4. DATE OF DEATH (Month) (Day) (Year): 5-8-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 6-16-1942
9. AGE (In years last birthday): 11 — If under 1 year: Months 10, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Shelbina, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Glenn Hehr
13b. MOTHER'S MAIDEN NAME: Kathrine Blair
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Glenn Hehr, Shelbina, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ter increased incranial pressure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cerebral concussion &
DUE TO (c): depressed skull fracture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: 5-8-54
19b. MAJOR FINDINGS OF OPERATION: sub temporal decompression & elevation of fract
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP): Shelbina (COUNTY): Pes SHELBY 102 (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-8-54 9 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: ran bicycle into truck

22. *I hereby certify that I attended the deceased from* 5-8-54, 19___, *to* 5-8-54 19___, *that I last saw the deceased alive on* 5-8-54, 19___, *and that death occurred at* 11:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Laughlin Jr. (Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 5-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-1954
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Shelbina, Mo.

DATE REC'D BY LOCAL REG.: 5-15-54
REGISTRAR'S SIGNATURE: Kate Lambert L.O.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 349

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.