

No. 300  
10.48

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19761

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>15 min</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sal Memorial Hosp</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>6 mi E. of Seneca</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Hembree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never mar.</u>	8. DATE OF BIRTH <u>March 12, '38</u>
9. AGE (In years, if under 1 year: Months   Days   Hours   Min. <u>16</u> )		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Cecil Hembree</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Shields</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-40-6391</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Hembree, Neosho, Mo. etc.</u>	ADDRESS _____
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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, asthma, 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>Broken Neck and Skull Fracture</u>		
	ANTECEDENT CAUSES 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. <u>E8234 32</u>			

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway CC</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14, 1954 6:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tire blew out and car overturned</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Orley Thompson Coroner</u>	23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>6/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-19-54</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bauman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W E Beddleson</u>	ADDRESS <u>Seneca Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File No. 654-109

Date Filed Nov 25 1950

**NEOSHO, MISSOURI**

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. E. Bell

Licensed Embalmer No. 217

P. O. Address Seneca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.