No. 300
10.48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1700

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4306 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY McDONALD 0600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GOODMAN
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDONALD
c. CITY OR TOWN GOODMAN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 06005

3. NAME OF DECEASED (Type or Print)
a. (First) AGNES
b. (Middle)
c. (Last) HEMPHILL

4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1955

5. SEX FEMALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JUNE 11. 1885
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) FAULKNER Co. ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert D. ENGLAND
13b. MOTHER'S MAIDEN NAME EUGENIA L. HALL
14. NAME OF HUSBAND OR WIFE W.A. HEMPHILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME CARL DIGGS. ADDRESS GOODMAN MISSOURI

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan. 17, 1955, *to* Jan. 18, 1955, *that I last saw the deceased alive on* Jan. 18, 1955, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Warren M. Jones (Degree or title) DO2
23b. ADDRESS Neosho, Mo.
23c. DATE SIGNED 1-19-1955

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-20-1955
24c. NAME OF CEMETERY OR CREMATORY GIBSON CEM
24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI

DATE REC'D BY LOCAL REG. 1-25-55
REGISTRAR'S SIGNATURE 4230 Marguerite Hundley
25. FUNERAL DIRECTOR'S SIGNATURE Carley Thompson Sr. ADDRESS Neosho 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....Roy P. Adams.....

Licensed Embalmer No. 4928

P. O. Address Neosho, Mo

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.