

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17695

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5072 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Newport Twsp.		c. LENGTH OF STAY (in this place) 16 yrs	c. CITY OR TOWN Newport Twsp.
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		f. STREET ADDRESS (If rural, give location) Lamar R#4 2060	

3. NAME OF DECEASED (Type or Print) a. (First) JOEL b. (Middle) RADFORD c. (Last) HEMBREE			4. DATE OF DEATH (Month) (Day) (Year) June 17 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 15 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 7 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Siebert, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Andrew Hembree		13b. MOTHER'S MAIDEN NAME Lula Divine		14. NAME OF HUSBAND OR WIFE Nellie May Toler (Hembree)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) xxx 552-16-01591		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lowell Hembree, Tulsa, Oklahoma	

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) Glioblastoma (Brain Tumor)		INTERVAL BETWEEN ONSET AND DEATH Jan 16, 1954
	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. 193X		

19a. DATE OF OPERATION Jan 16, 1954	19b. MAJOR FINDINGS OF OPERATION malignant Glioblastoma, multiplex		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Dec. 26, 1953, to June 17, 1955, that I last saw the deceased alive on Jan 16, 1955, and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE Dent T. Bichel, M.D.	(Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED 6/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 20 1955	24c. NAME OF CEMETERY OR CREMATORY Greenfield	24d. LOCATION (City, town, or county) (State) Greenfield, Missouri

DATE REC'D BY LOCAL REG. June 18-55	REGISTRAR'S SIGNATURE Marie Konantz 14-D	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Carl H. Kenantz*

Licensed Embalmer No...274

P. O. Address *Hamam, 1*

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.