

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

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State File No. 10847

Registrar's No. 2841

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|---|---|--|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Flora</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>314 East Lincoln</u> <u>8120 8</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>NMN</u> c. (Last) <u>Hemphill</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1956</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify) | 8. DATE OF BIRTH <u>Jan. 17, 1902</u> | | 9. AGE (In years last birthday) <u>54</u> | 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) <u>Brick Mason</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John S. Hemphill</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Bean</u> | | 14. NAME OF HUSBAND OR WIFE <u>Iris</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>498-01-0234</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Iris Hemphill, Flora, Ill.</u> | | | |
| 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) <u>Carcinoma of lung with metastases to brain</u> ANTECEDENT CAUSES _____ Morbidity 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. <u>162x</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sev. Mos.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | <u>163x</u> | |
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>163x</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 28, 1955</u> , to <u>March 20, 1956</u> , that I last saw the deceased alive on <u>March 20, 1956</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. P. Vermillion, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | 23c. DATE SIGNED <u>3/20/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-20-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Flora, Ill.</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 20 1956</u> | | REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> | | | |

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..... *J. W. Wilkinson*

Licensed Embalmer No. *39*.....

P. O. Address..... *M. L.*.....

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