FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12791
STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Dallas	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo — Inside Limits Yes X No ☐	c. CITY OR TOWN Buffalo 300 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Isaac, Middle M., Last Hembree

4. DATE OF DEATH Month 4 Day 21 Year 1956

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb. 5-1867

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 2 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Dallas Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ben F. Hembree

14. MOTHER'S MAIDEN NAME Julia Ann Pinkley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT Anna Hembree Address Buffalo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tumor of Mediastinum (unknown type) — INTERVAL BETWEEN ONSET AND DEATH 3 yrs (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chr. Arteriosclerosis c̄ acute Heart failure 231X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 4-21-56 and last saw ~~him~~ him alive on 4-20-56

Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Claude O. Gammon M.D.

22b. ADDRESS Buffalo Mo.

22c. DATE SIGNED 4-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4-24, 1956

23c. NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Pleasant

23d. LOCATION (City, town, or county) (State) Dallas County, Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home — ADDRESS Buffalo Mo.

25. DATE RECD. BY LOCAL REG. 5-6-56

26. REGISTRAR'S SIGNATURE Mrs Grace Petrie by [illegible]

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde Montgomery

Licensed Embalmer No.

P. O. Address Buffalo

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.