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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20857**

FILED JUN 27 1956

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **278**

1. PLACE OF DEATH a. COUNTY Jackson (Routing)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? yes Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) 1402 Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION 68th & Little Blue Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) D. c. (Last) Hebert			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1924	9. AGE (In years last birthday) 32	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) Television instructor		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Pawtucket, R. I.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Eugene Hebert, Sr.	13b. MOTHER'S MAIDEN NAME Rose Paul	14. NAME OF HUSBAND OR WIFE Helen Hebert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) VW 2	16. SOCIAL SECURITY NO. 029 16 9220	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Hebert, Independence, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pertussis Chest & Head			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage into mediastinum			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	32	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 700 Jackson St	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-17-56 11:50 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car struck tree

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh J. Owens	(Degree or title) Councilman	23b. ADDRESS 1034 Briarwood Bldg	23c. DATE SIGNED 6-18-56
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24a. PREPARATION OF CREMATION (Specify) Normal	24b. DATE 6-1-56	24c. NAME OF CEMETERY OR CREMATORY Forest Hills	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE James Craig	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Geron	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 28 1956

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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 *Tom D. Marblan*.....

Licensed Embalmer No. *45*

P. O. Address *Indep.*

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.