

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23221

FILED JUL 31 1956

STATE FILE NUMBER

Registration District No. **93** Primary Registration District No. **4154** Registrar's No. **56-43**

1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Greenfield</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Greenfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>419 Water St.</b>			Length of stay in lb <b>13 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>419 Water St.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Willis Lawson Hembree</b>				First	Middle	Last	4. DATE OF DEATH <b>July 21, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 4, 1882</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Dade County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Oscar B. Hembree</b>				14. MOTHER'S MAIDEN NAME <b>Thursa Jane Dodson</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Luella Hembree;</b>		Address <b>Greenfield, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b>							INTERVAL BETWEEN ONSET AND DEATH	
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) <b>Cancer of sigmoid</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	334XH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Greenfield, Mo.</b>	COUNTY	STATE				
21. I attended the deceased from <b>7-19-56</b> , to <b>7-21-56</b> and last saw him alive on <b>7-21-56</b> . Death occurred at <b>12:05 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>H. O. Cowan M.D.</b>				22b. ADDRESS <b>Greenfield, Mo.</b>		22c. DATE SIGNED <b>7-23-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 24, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Greenfield, Mo.</b>					
24. FUNERAL DIRECTOR <b>J. C. Canada, Greenfield, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-23-56</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>					

(Licensed Embalmer's Statement on Reverse Side)

th, ffare lic vice

00 56

Director, coroner, and medical examiner must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

+700

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. C. Canada*

Licensed Embalmer No. 41

P. O. Address *Greenfield*

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.