

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044636
STATE FILE NUMBER

FILED JAN 9 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Reeds
c. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Length of stay in lb 12 hrs.	d. STREET ADDRESS (If outside, give location) Main St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Fred Middle Heman Last Heman			4. DATE OF DEATH Dec. 30, 1958 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE (In years from birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Paola, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Heman		13b. MOTHER'S MAIDEN NAME Mary Vollin	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-40-1957	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) severe head injuries received in automobile accident DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH about 26 hrs
20a. ACCIDENT <input checked="" 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.) collision of 2 autos at rural intersection	
20c. TIME OF INJURY Hour, Month, Day, Year p.m. 3:50 12-29-58		Heman suffered severe head injuries 049	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Co. Rd. H 7 Mi. SE	20f. CITY, TOWN, OR LOCATION Carthage Jasper Mo.	
21. I attended the deceased from 12-29-58 Carthage to 12-30-58 and last saw her/him alive on 29 Dec '58 Death occurred at 5:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. E. Byrd (Degree or title) MD		22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 12-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) Carthage, Mo (State)
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 12-31-58	26. REGISTRAR'S SIGNATURE E. M. Clinton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
 X by me, or by, Student Embalmer No.

working under my personal supervision. X

Student Signed *Frank W. Knell* XXXXX

Signature of Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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.