

RI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014149

FILED VS. MAY 11 1960

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 14

DED

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rich Hill</u>			Length of stay in 1b		c. CITY OR TOWN <u>Rich Hill</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6th & Walnut St.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>908 East Chestnut</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>PHILLIP</u> Middle <u>BERTRAND</u> Last <u>HYMER</u>				4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/17/05</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>welding</u>		11. BIRTHPLACE (City and state or country) <u>Plattsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Roy J. Hymer</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse May Hymer</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>487-09-0795</u>		17. INFORMANT <u>Mrs. Jesse May Hymer-Rich Hill, Mo.</u> 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) <u>Head & chest injuries -</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>Fuel oil tank exploded</u>						
20c. TIME OF INJURY Hour <u>10</u> a.m. Month, Day, Year <u>4-30-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>after catching fire.</u>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Welding shop.</u>		20f. CITY, TOWN, OR LOCATION <u>Rich Hill</u>		COUNTY <u>Bates</u>		STATE <u>Mo.</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ <u>10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Douglas P. Howard</u> (Signer or title)				22b. ADDRESS <u>Bates, Mo</u>		22c. DATE SIGNED <u>5/5/60</u>		
23a. MANNER OF REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5/5/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u>		
24. FUNERAL DIRECTOR <u>Booth Funeral Service-Rich Hill, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 11, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JS MAY 3 1961

APR 24 1961

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butte

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.