

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037673

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 65-61

FILED NOV 14 1961

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goodman		c. CITY OR TOWN Neosho	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hospital		d. STREET ADDRESS (If outside, give location) Rt. # 2	

3. NAME OF DECEASED (Type or print) First Franklin Middle D. Last Hembree			4. DATE OF DEATH Month November Day 4 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1933	9. AGE (last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pet Milk Company		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Reeds, Missouri	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Cecil Hembree		13b. MOTHER'S MAIDEN NAME Maggie Ann Shields		14. NAME OF HUSBAND OR WIFE Elnora Hembree		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) Yes Korea		17. INFORMANT Address Paul Hembree, Joplin, Missouri			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
IMMEDIATE CAUSE (a) Massive Lung Hemorrhage			
DUE TO (b) Bullet Wound in Right Lung			
DUE TO (c) Accident			
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.) Hunting Accident (Second Party Fall, Discharging His Rifle Striking Deceased in Right Side)	
20c. TIME OF INJURY Hour 10:30 a.m. / p.m. Month, Day, Year II-4-61	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.) Range Land	20f. CITY, TOWN, OR LOCATION Jane McDonald Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **12:00 Noon** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Mary A. Bradley</i>		22b. ADDRESS Pineville, Mo.	22c. DATE SIGNED 11-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-5-61	23c. NAME OF CEMETERY OR CREMATORY Neosho, Mo.	

24. FUNERAL DIRECTOR Humphrey Funeral Home, Pineville, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 5, 1961	26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 30 1961

DEC 5 1961

DEC 29 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 *W. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

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.