# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-047947
STATE FILE NUMBER

AMENDED

Registration District No. 347 Primary Registration District No. 4507 Registrar's No. 39

FILED DEC 6 1966

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Crane — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stone
c. CITY OR TOWN: Crane — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lucy — Middle — Last Hemphill
4. DATE OF DEATH: Month September — Day 20 — Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/2/83
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Crane, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: L.F.Lockhart
13b. MOTHER'S MAIDEN NAME: Harriett Ohler
14. NAME OF HUSBAND OR WIFE:
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.: None
17. INFORMANT: Hettie O'Donnell, Address: Crane, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell and hit her head on waste basket
20c. TIME OF INJURY: Hour a.m. p.m. 9:30 — Month, Day, Year 9/20/1961 — Crane Stone Missouri
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Coroners Case, to _____ and last saw her/him alive on _____
Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George Manlove (Degree or title) Coroner Stone County
22b. ADDRESS: Crane, Missouri
22c. DATE SIGNED: 9/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/23/61
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Crane, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Manlove Funeral Home, Crane, Mo
25. DATE RECD. BY LOCAL REG.: Nov. 14, 1966
26. REGISTRAR'S SIGNATURE: Mary F. Stewart

(Licensed Embalmer's Statement on Reverse Side)

DELAYED FILED ON THE BASIS OF A STATEMENT FROM FRANK S. HUFFHINES, JUDGE OF THE MAGISTRATE AND PROBATE COURTS, STONE CO.

**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,

[redacted], Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George H Moulton

Licensed Embalmer No. 3827

P. O. Address Crane 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.