

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043314

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 336 Registrar's No. 153

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10551
20050,

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
 a. COUNTY Lawrence
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora Length of stay in lb 4 days
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last Sherman Hemphill
 4. DATE OF DEATH Month Day Year November 13, 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH May 26, 1892 9. AGE (last birthday) 70
 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) farmer 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Lafayette Hemphill 13b. MOTHER'S MAIDEN NAME Susan Unknown 14. NAME OF HUSBAND OR WIFE Joan Hemphill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Mrs. Joan Hemphill-Verona, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 12 hours
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Venous Infarction of Gastro-Intestinal tract. 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.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1, 1962 to Nov. 13, 1962 and last saw him alive on Nov. 13, 1962
 Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth L. Selvey M.D. 22b. ADDRESS Aurora, Mo 22c. DATE SIGNED 11/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-16-1962 23c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery 23d. LOCATION (City, town, or county) (State) Barry County, Missouri

24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Missouri 25. DATE RECD. BY LOCAL REG. 11-21-62 26. REGISTRAR'S SIGNATURE George Selvey

Issued pending 11-13-62

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.