No. 300
10.48

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21146

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Anderson Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union of Anderson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 0491

3. NAME OF DECEASED (Type or Print): a. (First) HERSHEL b. (Middle) ICTES c. (Last) FARIS

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1956

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):** Single **8. DATE OF BIRTH:** 11-1-1907 **9. AGE** (In years last birthday): 48 IF UNDER 1 YEAR: Months 6 Days 2 IF UNDER 24 HRS.: Hours ✓ Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist **10b. KIND OF BUSINESS OR INDUSTRY:** ~~448-07-9551~~ **11. BIRTHPLACE** (City and State or Foreign Country): Columbus Kan. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME: Enoch Frank **13b. MOTHER'S MAIDEN NAME:** Bertha Leslie **14. NAME OF HUSBAND OR WIFE:** ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World war 2 **16. SOCIAL SECURITY NO.:** 448-07-9551 **17. INFORMANT'S SIGNATURE OR NAME:** Mrs. Hazel Ballett **ADDRESS:** Kansas city Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 802 x

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** 35 **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad Track **21c. (CITY, TOWN, OR TOWNSHIP)** Anderson **(COUNTY)** McDonald 06 **(STATE)** Mo.

21d. TIME OF INJURY (Month) 5 (Day) 26 (Year) 56 (Hour) 1:15 P.M. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑ **21f. HOW DID INJURY OCCUR?** Struck by Train

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. M. Humphrey Jr. **(Degree or title)** Coroner **23b. ADDRESS:** Noel Mo. **23c. DATE SIGNED:** 5-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** 5-31-1956 **24c. NAME OF CEMETERY OR CREMATORY:** Summit Cemetery **24d. LOCATION** (City, town, or county) Mt Vernon **(State)** Mo

DATE REC'D BY LOCAL REG.: 5-28-1956 **REGISTRAR'S SIGNATURE:** Mayme Humphrey **25. FUNERAL DIRECTOR'S SIGNATURE:** R. E. Chestham **ADDRESS:** Anderson Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Ml, Student Embalmer No. ✓

working under my personal supervision..

Student ✓
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.