

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9306**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **44**

781
0

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

1. PLACE OF DEATH a. COUNTY Demarcat		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Demarcat	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coates	
d. FULL NAME OF HOSPITAL OR INSTITUTION Demarcat County Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) Lillian		4. DATE OF DEATH (Month) (Day) (Year) 3-21-52	
5. SEX F		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH abt 43	
9. AGE (In years last birthday) abt 43		10. UNDER 1 YEAR Months Days	
10. UNDER 2 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Chicago Ill	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife		12. CITIZEN OF WHAT COUNTRY USA	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Tom Hamlett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Tom Hamlett		ADDRESS Coates 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed in Tornado		INTERVAL BETWEEN ONSET AND DEATH	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		078 E9340-22	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayt Demarcat, Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-21-52	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tornado	
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 8:30 P m. , from the causes and on the date stated above.			
23a. SIGNATURE James G. Osburn (Degree or title) 3		23b. ADDRESS Wardell, Mo	
23c. DATE SIGNED 4-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-52	
24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) (State) Stella Mo	
DATE REC'D BY LOCAL REG 4-3-52		REGISTRAR'S SIGNATURE John W. German 406	
25. FUNERAL DIRECTOR'S SIGNATURE German and Co		ADDRESS Stella Mo	

4-52-98

Rec. APR 7 1952

S. B. Beecher, M. D.,
Demiscot County Health Department,
Carruthersville, Missouri

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hartsville, 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 this body is not embalmed, fact should be so stated above.