

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

State File No. _____
REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 4-1952

0280

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

BIRTH NO. _____		REG. DIST. NO. 86		PRIMARY REG. DIST. NO. 5328		Registrar's No. 4-1952	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Crawford		b. CITY (If outside corporate limits, write RURAL and give township) Leasburg - Rural Liberty		a. STATE Missouri		b. COUNTY Crawford	
c. LENGTH OF STAY (in this place) 62 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Leasburg - Rural Liberty		d. STREET ADDRESS		(If rural, give location) 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION							

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Edward	b. (Middle) C.	c. (Last) Hamlin	(Month) July	(Day) 16	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19, 1955	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR: Months 8, Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Broad. North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eli S. Hamlin		13b. MOTHER'S MAIDEN NAME Mary Barton		14. NAME OF HUSBAND OR WIFE Davey Nicholson - DeCD.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T. S. Hamlin - Leasburg - 1770	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobari Pneumonia				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) NA				
		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 NA		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 15, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. J. Drurn, M.D.		23b. ADDRESS Leasburg Mo.		23c. DATE SIGNED July 17, 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1952		24c. NAME OF CEMETERY OR CREMATORY Cross Road		24d. LOCATION (City, town, or county) (State) Leasburg MO	
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DATE REC'D BY LOCAL REG. July 17, 1952		REGISTRAR'S SIGNATURE W. G. Davis, Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. S. Hester, Cuba, MO	
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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.....
Harmon S. Haener

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Quincy, Missouri*

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.