No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13985

21341
FILED MAY 4 1953 BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 28

461
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1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~: Christa Hogan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ozark
c. CITY OR TOWN: Gainesville Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0799

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Canthal
c. (Last): Hambelton

4. DATE OF DEATH (Month) (Day) (Year): 4 - 22 - 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: 4-19-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 3 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): West Plains, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Hambelton
13b. MOTHER'S MAIDEN NAME: Bessie White
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: William Hambelton
ADDRESS: Hardwarville

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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: 7600.
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-19, 1953, *to* 4-22, 1953, *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 11:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Callihan (Degree or title) M.D.
23b. ADDRESS: West Plains, Mo.
23c. DATE SIGNED: 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-53
24c. NAME OF CEMETERY OR CREMATORY: Lily Ridge
24d. LOCATION (City, town, or county) (State): Rural - Ozark - Mo

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: Beatrice Cook
379
25. FUNERAL DIRECTOR'S SIGNATURE: Clin Kingbeard
ADDRESS: Gainesville

(Licensed Embalmer's Statement on Reverse Side)

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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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Elam.....

Licensed Embalmer No. 4885

P. O. Address ...Gainesville

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