

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Gross 32084
State File No.

FILED NOV 10 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3400</u>		Registrar's No. <u>333</u>	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town) Kirkville		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Kirkville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirks. Osteo. Hospital				STREET ADDRESS (If rural, give location) R.F.D. #3			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) E.		c. (Last) HAMLETT		4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 19, 1889	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas R. Hamlett	
13b. MOTHER'S MAIDEN NAME Sarah E. Kerr		14. NAME OF HUSBAND OR WIFE Gladys (Reese) Hamlett		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 Mrs. John Hamlett, Rt. 3, Kirkville				ADDRESS _____			
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) glomerulo-nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelo-nephritis and glomerulo-nephritis DUE TO (c) Chronic ulcerative colitis.				INTERVAL BETWEEN ONSET AND DEATH 3 weeks. 10 years. 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>August 10, 1948</u> , to <u>October 30, 1955</u> , that I last saw the deceased alive on <u>October 30, 1955</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Howard E. Gross, MD (Degree or title)				23b. ADDRESS 2 Kirkville, Missouri		23c. DATE SIGNED Nov. 2, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
DATE REC'D BY LOCAL REG. 11-4-55		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Lavis & Lavis		ADDRESS Kirkville, Mo.	

NOV

EMERALD STATE COLLEGE

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..... *Robert B. Lane*

Licensed Embalmer No. 421
P. O. Address Kirksville

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