

Dr. Hamlin

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-022570

STATE FILE NUMBER

FILED JUN 19 1958

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

193

Health,  
& Welfare  
Public  
Service

S. 300

1-57

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 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri			b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in 1b	STREET ADDRESS 0649 RR#3, Hannibal, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Paul M. Costello				4. DATE OF DEATH 6/1/1958		Month		Day	Year
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1881		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William Costello		13b. MOTHER'S MAIDEN NAME Sarah F. Emmon		14. NAME OF HUSBAND OR WIFE Emma Costello					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Julia Poage, RR#3, Hannibal, Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction, acute</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5hr</i>			
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.						DUE TO (b) _____			
DUE TO (c) _____						4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>5/15/58</i> to <i>6/1/58</i> and last saw <sup>her</sup> him alive on <i>6/1/58</i> Death occurred at <i>11:30 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Wynell Hamlin M.D.</i>			(Degree or title)		22b. ADDRESS <i>Hannibal Mo.</i>		22c. DATE SIGNED <i>6/3/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6/4/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grand View Burial Park</i>		23d. LOCATION (City, town, or county) <i>Hannibal, Mo.</i>		(State)			
24. FUNERAL DIRECTOR <i>H.M.O'Donnell, Hannibal, Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-13-58</i>		26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke W.C. Fisher</i>				

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED** JUN 18 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUN 18 1958

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 *J. M. O'Donnell* .....

Licensed Embalmer No. 3889.....

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.