pt. Health,
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S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033133
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Independence — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 2421 Hawthorne — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2421 Hawthorne (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Maggie Middle E. Last Hamblen

4. DATE OF DEATH: Month Sept Day 20 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec 4, 1890
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Grant City Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Vassar
13b. MOTHER'S MAIDEN NAME: Sarah Roach
14. NAME OF HUSBAND OR WIFE: Bill Hamblen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bill Hamblen Address: Independence Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 2 years
DUE TO (c) arterial Hypertension — 5 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Jan 58, to Sept 58 and last saw her alive on Sept 18 '58
Death occurred at A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred W Amp, MD (Degree or title)
22b. ADDRESS 10224 Independence KC Mo
22c. DATE SIGNED 9-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 22, 58
23c. NAME OF CEMETERY OR CREMATORY: Kirk Cemetery
23d. LOCATION (City, town, or county) (State): Blandale, Mo

24. FUNERAL DIRECTOR: Wilson L. Topley — ADDRESS: Raytown Mo
25. DATE RECD. BY LOCAL REG.: 9-22-58
26. REGISTRAR'S SIGNATURE: [illegible]
(Licensed Embalmer's Statement on Reverse Side)

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

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Raytown 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.