

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014979
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3023 Primary Registration District No. 98 Registrar's No. 98

FILED MAY 7 1962

VS 300
Rev. 4/59

DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DATE AMENDED
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 3 Wks	c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Klein Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 321 N 7 th St	
3. NAME OF DECEASED (Type or print) First Nora Middle Edith Last Hamblin			4. DATE OF DEATH Month April Day 21 Year 1962		
5. SEX Female	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 9-6-1871	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Clair Co Mo		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Tom Parks		13b. MOTHER'S MAIDEN NAME Martha Bunch		14. NAME OF HUSBAND OR WIFE Rufus D Hamblin	
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 Floyd Hamblin R R Brownington 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) Arteriosclerotic Heart Disease DUE TO (b) Coronary Decompenation DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Postoperative I-T fracture Rt. Femur 2/19/62				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 2-17-62 to 4-21-62 and last saw her/him alive on 4-18-62 Death occurred at 6:32 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Richard H. King M.D.		(Degree or title)	22b. ADDRESS 106 S. 3rd Clinton Mo.		22c. DATE SIGNED 4/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-23-62	23c. NAME OF CEMETERY OR CREMATORY Lowry City Mo	23d. LOCATION (City, town, or county) Lowry City Mo		
24. FUNERAL DIRECTOR Sickman & Dunning Clinton Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. April, 23, 1962	26. REGISTRAR'S SIGNATURE Wildred Biggers	

USE BLACK INK OR TYPEWRITER RIBBON

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 L Danning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Bremitt Steinarick
4/23/62
MB