

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034853

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4519 Primary Registration District No. 354 Registrar's No. 15

FILED AUG 26 1963

VS 300
Rev. 4/59

1 1070

2 1070

3

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cabool</u> | | Length of stay in 1b <u>43 yrs.</u> | c. CITY OR TOWN <u>Cabool</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Pine St.</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Cordelia Hamilton</u> | | 4. DATE OF DEATH Month Day Year <u>8/15/63</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/20/1874</u> |
| 9. AGE (last birthday) <u>90</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Texas County, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13. NAME OF HUSBAND OR WIFE <u>Pearl Hamilton, Cabool, Mo.</u> | |
| 13a. FATHER'S NAME <u>Woodly Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Perlina Pennington</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>Pearl Hamilton, Cabool, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause (ast.) DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>unknown</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>1955</u> to <u>8/15/63</u> and last saw her alive on <u>8/15/63</u> Death occurred at <u>8:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. L. Spears M.D.</u> | | 22b. ADDRESS <u>Cabool, Mo.</u> | 22c. DATE SIGNED <u>8/16/63</u> |
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>8/18/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Cabool, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home, Cabool, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 16, 63</u> | 26. REGISTRAR'S SIGNATURE <u>Haynell Cunningham</u> |

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

James S. Kentry

Licensed Embalmer No.

4718

P. O. Address

Calool, 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.