

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21225**
Registrar's No. **32**

Registration District No. **46** Primary Registration District No. **4063**

1. PLACE OF DEATH:
(a) County **CALDWELL**
(b) City or town **HAMILTON, MISSOURI.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **CALDWELL**
(c) City or town **HAMILTON, MISSOURI**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **OCIE BURTON BONER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **MAY 24 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 17 hr. min.

9. Birthplace **LEEDS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **HIRIAM CASEY GIST**

13. Birthplace **UNKNOWN**

14. Maiden name **HETTIE JANE GLASCOCK**

15. Birthplace **UNKNOWN**

16. (a) Informant **Mrs. Roy Haudner**

(b) Address **HAMILTON MO**

17. (a) **BURIAL** (b) Date thereof **MAY 19 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kingston, Mo.**

18. (a) Signature of funeral director **CRAMER CLARK**

(b) Address **KINGSTON MO.**

19. (a) **May 19 1944** (b) **Corvinn Lassett**
(Date registered local registrar) (Registrar's signature)

June 96

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **17**
year **1944** hour **9** minute **3** A. M.

21. I hereby certify that I attended the deceased from **June 24 1943** to **May 17 1944**
that I last saw her alive on **May 17 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **131 a**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Herbert B Birch** (M. D. or other) **M.D.**

Address **HAMILTON MO.** Date signed **5/18/44**

Duration

4 yrs +

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address. KINGSTON, MISSOURI.

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 this body is not embalmed, fact should be so stated above.