

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15656

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5514 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Zion</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Zion</u> 42	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Osaq</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Rufus</u> c. (Last) <u>Hamblin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 - 49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 4 - 1902</u>		9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. O</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Rufus Hamblin</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Edith Parks</u>	
14. NAME OF HUSBAND OR WIFE <u>Eula Hamblin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>500-12-7451</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eula Hamblin</u>		17. ADDRESS <u>423 W. Clinton</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND OF HEAD</u>		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MT. ZION HENRY MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 15, 1949 6 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BY OWN HAND - SUICIDE</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. B. Walker, MD</u> ³ <u>Coroner</u> <u>Henry Co.</u>		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>15 May 1949</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City Cem. Lowry City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> 42		24d. LOCATION (City, town, or county) (State) <u>Lowry City, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst</u>		ADDRESS <u>Deepwater, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 4-49

Date Filed 5-23-8

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.

Signed.....

Tom Hurst

Signed.....

Student Embalmer

Licensed Embalmer No. 2782

P. O. Address Deepwater m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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