

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12471

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 9

0350

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. LENGTH OF STAY (In this place) <u>13 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden Mo 0350</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettie</u> b. (Middle) _____ c. (Last) <u>Hamilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 - 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 22 - 1896</u>		9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping (Home)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pine Bluff, Arkansas</u>	
13a. FATHER'S NAME <u>John Watson Buchanan</u>			13b. MOTHER'S MAIDEN NAME <u>Maude Straw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Floyd Hampton</u> ADDRESS _____					

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 18 March, 1950, to 21 March, 1950, that I last saw the deceased alive on 21 March, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Williams</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Malden, Missouri</u>		23c. DATE SIGNED <u>21 Mar 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Little Rock, AR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R Knight</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>March 23, 1950</u>		REGISTRAR'S SIGNATURE <u>J. L. Schaeffer</u>		87	

(Licensed Embalmer's Statement on Reverse Side)

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

eR full cert

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-28-50

COUNTY FILE NUMBER 350-109

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-Embalmers No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address Malden, Mass

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.