

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43496**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Butter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>				
b. CITY OR TOWN <u>Paplar Bluff, Mo</u>		c. LENGTH OF STAY (in this place) <u>7 Hours</u>		c. CITY OR TOWN <u>Campbell</u>		0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS <u>Rt. 1</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLES THOMAS HAMLETT</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>12-31-1950</u>		(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8/14/1882</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u>17</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Stardard, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Ed Hamlett</u>		13b. MOTHER'S MAIDEN NAME <u>Helen P. Wright</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. J. Hamlett</u> ADDRESS <u>Campbell Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra Cranial Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>						
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head Injury - auto accident</u>		12 hrs						
DUE TO (c) _____		8:19 PM						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		31						
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>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stardard, Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>				
22. I hereby certify that I attended the deceased from <u>12-31-</u> , 19 <u>50</u> , to <u>12-31-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-31-</u> , 19 <u>50</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>1-13-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/2/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Silver Dale</u>		24d. LOCATION (City, town, or county) (State) <u>Silver Dale MO</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 15-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. [Signature]</u> ADDRESS <u>Jamesboro Ark</u>				

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

RECEIVED

JAN 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 151-33

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
Student Embalmer

Signed Tom J. Guerra

Licensed Embalmer No. 895

P. O. Address Jonesboro, Arkansas

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.