

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23459

502
1

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

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Festus			c. LENGTH OF STAY (in this place) 6 months			c. CITY (If outside corporate limits, write RURAL and give township) Festus			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 19 Frisco St.					
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Charles c. (Last) Hamel			4. DATE OF DEATH (Month) (Day) (Year) July 29 1951						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 7-1889		9. AGE (in years last birthday) 62	10. UNDER 1 YEAR 2	11. UNDER 11 HRS. 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.-a		
13a. FATHER'S NAME Charles Hamel			13b. MOTHER'S MAIDEN NAME Katherine Steinmetz		14. NAME OF HUSBAND OR WIFE Lulu Reeves				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lulu Reeves Hamel				ADDRESS Festus Mo.	
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) cardiac decompensation						INTERVAL BETWEEN ONSET AND DEATH several months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) secondary to chr. Emphysema, yrs							
		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 5271						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (If 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) m.		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 4-18, 1951, to 7-30, 1951, that I last saw the deceased alive on 7-30, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Alexander Poirice				23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 7-31-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 1-1951	24c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge Cem.		24d. LOCATION (City, town, or county) (State) St Francis Co. Mo.				
DATE REC'D BY LOCAL REG. 7-31-51		REGISTRAR'S SIGNATURE Alexander Poirice		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Vinyard		ADDRESS Festus Mo.			

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 8-21-51

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 James J. Cunningham

Licensed Embalmer No. 4284

P. O. Address Crystal City 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 this body is not embalmed, fact should be so stated above.