

Artie Miller Hamlett  
FILED OCT 30 1951

# STANDARD CERTIFICATE OF DEATH

34608  
State File No. ....

REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 104

BIRTH-NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bowling Green</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>College St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Artie</b>	b. (Middle) <b>Miller</b>	c. (Last) <b>Hamlett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 10 '51</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/16/04</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>24</b> Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Richard Hamlett</b>	13b. MOTHER'S MAIDEN NAME <b>Maud Cunningham</b>	14. NAME OF HUSBAND OR WIFE <b>Dell Hamlett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>494 09 6965</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dell Hamlett</b>	ADDRESS <b>Bowling Green, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis and Acute Cardiac Dilatation with Decompensation</b>		<b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Cirrhosis of Liver</b>		<b>1 yr.</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>431X</b>
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 **Oct. 8, 1951**, to **Oct. 10, 1951**, that I last saw the deceased alive on **Oct. 10, 1951**, and that death occurred at **1:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Robert L. Audrae M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>216 Georgia St. Louisiana, Mo.</b>	23c. DATE SIGNED <b>10-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/12/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 13, 1951</b>	REGISTRAR'S SIGNATURE <b>Bernice Callier</b>	374	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Wood Funeral Home Bowling Green, Mo.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 29 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-  
Date Filed: OCT 29 1957

**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 C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.