

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41180 State File No. 41180

BIRTH NO. 51376-51 REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5427 Registrar's No. 23

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>Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>	
c. LENGTH OF STAY (in this place) <u>4 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hamlett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>8-7-1951</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Campbell, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J.D. Hamlett</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Evelyn Hillis</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Hamlett - Campbell, Mo.</u>	ADDRESS <u>Campbell, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Subacute yellow atrophy of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mos.</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>580X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 12/8/51, 1951, to 12/9, 1951, that I last saw the deceased alive on 12/8, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Rutledge, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Campbell, Mo.</u>	23c. DATE SIGNED <u>12/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-11-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Deulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>	ADDRESS <u>Piggott, Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-19-51
COUNTY FILE NUMBER 1251-352

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 m

working under my personal supervision.

Student Embalmer No.

Signed Lloyd M. Shaden

Signed
Student Embalmer

Licensed Embalmer No. 509. Qu

P. O. Address Diggatt, Ark

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.