S. No. 300
V. 10.48

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

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19767

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Carroll. Egypt.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Egypt Twp.
c. LENGTH OF STAY (in this place): Lifetime.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Carroll.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Larry.
b. (Middle): Hamilton.
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): June/I9/I952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct/I2/I942.
9. AGE (In years last birthday): 9 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Norborne Carroll. County. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Pat Hamilton.
13b. MOTHER'S MAIDEN NAME: Mildred. Foy.
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: L Mildred H. amilton
ADDRESS: Norborne 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIdENt. Drowned.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.

DUE TO (b) Swimming in Mo River

DUE TO (c) Cut Off. South of Norborne, Mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
017 E9298 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIdENt.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Egypt Twp. CARROLL Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 19-1952 7:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray Dickerson (Degree or title) Coroner
23b. ADDRESS: Bogard Mo
23c. DATE SIGNED: 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June. 22/I952
24c. NAME OF CEMETERY OR CREMATORY: Fairhaven. Cemetery.
24d. LOCATION (City, town, or county) (State): Norborne. Missouri.

DATE REC'D BY LOCAL REG.: JUNE 21-1952
REGISTRAR'S SIGNATURE: Eileen Pennington
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Deitch Jr.
ADDRESS: Norborne Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John G Deutch Jr

Licensed Embalmer No. 4797

P. O. Address Narbone

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.