

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24965

State File No.

BIRTH NO. 155 1952 JUL 22 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>208 E. MYRLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 E. MYRLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18-1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>Jan 12-1952</u>		9. AGE (In years: last birthday) Months Days <u>7 6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Cleo Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Powers</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Hamilton</u> ADDRESS <u>Aurora, MO</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Supposed to be Virus Infection</u>				INTERVAL BETWEEN ONSET AND DEATH
		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			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)	
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?	

22. I hereby certify that I attended the deceased from July 18, 1952, to July 18, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.F. Herren M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>July 19-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bryant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Park</u>	
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DATE REC'D BY LOCAL REG. <u>7-19-52</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osca L. ...</u> ADDRESS <u>Aurora, MO.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD--

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Marsh

Licensed Embalmer No. *3812*

P. O. Address. *Quora N*

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.