

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21122**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **76**

1. PLACE OF DEATH
a. COUNTY **Cooper**
b. CITY (If outside corporate limits, write RURAL, and give town) **Boonville**
c. LENGTH OF STAY (In this place) **1 week**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY **Cooper**
c. CITY (If outside corporate limits, write RURAL, and give township) **Boonville**
d. STREET ADDRESS (If rural, give location) **612 Spruce St.**

3. NAME OF DECEASED
a. (First) **Frank David** b. (Middle) _____ c. (Last) **Hamlin**
4. DATE OF DEATH (Month) **June** (Day) **21** (Year) **1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **August 5 1902** 9. AGE (In years last birthday) **50** 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) **Auto Body Repair** 10b. KIND OF BUSINESS OR INDUSTRY **Own Shop** 11. BIRTHPLACE (City and State or Foreign Country) **Clarksburg, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Claud Hamlin** 13b. MOTHER'S MAIDEN NAME **Annie Ratcliff** 14. NAME OF HUSBAND OR WIFE **Nora Samer Hamlin.**

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. **486-16-5981** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Nora Hamlin Boonville, 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) **Bronchogenic Carcinoma with Cerebral Metastasis**
ANTECEDENT CAUSES
Morbidity 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.
INTERVAL BETWEEN ONSET AND DEATH **3-4 months**

19a. DATE OF OPERATION **About 4-1-53** 19b. MAJOR FINDINGS OF OPERATION **(Done in St. Louis) - Carcinoma, Bronchogenic** 20. AUTOPSY? YES NO

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) _____ 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 **6-18-53**, 19____, to **6-21-53**, 19____, that I last saw the deceased alive on **6-21-53**, 19____, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. M. Stewart M.D.** 23b. ADDRESS **329 Main St. Boonville Mo** 23c. DATE SIGNED **6-24-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 23 / 1953** 24c. NAME OF CEMETERY OR CREMATORY **Walnut Grove** 24d. LOCATION (City, town, or county) (State) **Boonville, Missouri.**

DATE REC'D BY LOCAL REG. **6/24/53** REGISTRAR'S SIGNATURE **D. Hooper 381-2** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Goodman & Boller, Boonville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

G. F. Peller

Licensed Embalmer No.

3062

P. O. Address

Roanville, Va

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.