S. No. 300
v. 10-48

FILED NOV 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39973

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 146

0841

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

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar
c. LENGTH OF STAY (in this place): 13 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Springfield St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar 0841
d. STREET ADDRESS (If rural, give location): South Springfield St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bredda
b. (Middle): Elaine
c. (Last): Hamlet

4. DATE OF DEATH (Month) (Day) (Year): Nov 2 1953

5. SEX: F.
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Sept. 18 1952
9. AGE (In years last birthday): 1 — If under 1 year: Months 1 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and State or Foreign Country): Osterath Hospital Springfield Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lee Hamlet Jr.
13b. MOTHER'S MAIDEN NAME: Carol Dead Hawkins
14. NAME OF HUSBAND OR WIFE: Child

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Lee Hamlet Jr. ADDRESS: Bolivar 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) Suffocation from Smoke

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) And Flames and
DUE TO (c) 3rd. Degree Burns

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death over entire Body.

INTERVAL BETWEEN ONSET AND DEATH: E9160 16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 084 (STATE): Bolivar Polk Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 2, 1953 3:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Burning House

22. *I hereby certify that I attended the ~~deceased~~ viewed from* Nov. 2, 1953, *to* _____, 19__, *that I last saw the deceased ~~alive~~ on* Nov. 2, 1953, *and that death occurred at* 3:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard B Erwin Coroner Polk Co. Mo.
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: Nov. 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetry
24d. LOCATION (City, town, or county) (State): Bolivar Mo.

DATE REC'D BY LOCAL REG.: 11/14/53
REGISTRAR'S SIGNATURE: Ralph Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin + Blue ADDRESS: Bolivar 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 Was Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3292

P. O. Address Bolivar, 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.