

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37004

State File No. ....

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Owensville</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Owensville</u>		d. STREET ADDRESS (If rural, give location) <u>107 W. Peters Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 W. Peters Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>107 W. Peters Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Addie Arcadia Hamblen</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 2, 1858</u>	
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Mo.</u>	
13a. FATHER'S NAME <u>Henry R. White</u>			13b. MOTHER'S MAIDEN NAME <u>Elizebeth Kennedy</u>			14. NAME OF HUSBAND OR WIFE <u>William W. Hamblen</u>	
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 ADDRESS <u>Mrs. Paul Tappmeyer Owensville</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age -</u> ANTECEDENT CAUSES <u>Senility</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		794X	
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?			
22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>51</u> to <u>Nov. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 9</u> , 19 <u>54</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. M. Keller</u>				23b. ADDRESS <u>M. O. Owensville, Mo.</u>		23c. DATE SIGNED <u>11-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Revelle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>November 23, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Tappmeyer</u>		493- 25. FUNERAL DIRECTOR'S SIGNATURE <u>William W. Winter</u>		ADDRESS <u>OWENSVILLE</u>	

(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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Myrland H V Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.