

FILED AUG 30 1955

STANDARD CERTIFICATE OF DEATH

27359
State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST CLAIR,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELlett M. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BILLIE</u> b. (Middle) <u>JOE</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 - 55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	
8. DATE OF BIRTH <u>July 5 - 1955</u>		9. AGE (In years last birthday) <u>0</u> <u>1</u> <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>Beloxi Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Joe HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>MERLENE Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>X</u> (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Hamilton Norborn 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>unknown</u>			
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 <u>522X</u>		20. AUTOPSY? YES <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 20 Aug, 1955, to 21 Aug, 1955, that I last saw the deceased alive on 21 Aug 1955, and that death occurred at 11-15 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. K. Dresler, MD</u> (Degree or title)		23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>21 Aug 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-23-55</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>Fair Haven</u>	
				24d. LOCATION (City, town, or county) (State) <u>Norborn Mo.</u>	

DATE REC'D BY LOCAL REG <u>Aug 21 1955</u>		REGISTRAR'S SIGNATURE <u>Leo Atney</u> <u>285-U</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dietz, Norborn 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dean E. Schlegel

Licensed Embalmer No. 3842

P. O. Address Appleton City, W.

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.