

STANDARD CERTIFICATE OF DEATH

28895

State File No.

FILED AUG 30 1955

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 40

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| 1. PLACE OF DEATH a. COUNTY <u>Worth</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Union - 6276</u> (or this place) (or this place) | | c. CITY OR TOWN <u>Rural Union 6276</u> | |
| c. LENGTH OF STAY (in this place) <u>11 years</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>1130</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Earnestine</u> | c. (Last) <u>Hamblin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 9, 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>October 28, 1900</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>James L. Baker</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Alva Hamblin</u> |
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| 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 <u>Alva Hamblin - Sheridans, Missouri</u> | ADDRESS _____ |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u> | | <u>2yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ | | <u>15yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>260X</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19 47, to Aug 9, 19 55 that I last saw the deceased alive on Aug 8, 19 55, and that death occurred at 11p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Frank B. Magrison MD</u> (Degree or title) | 23b. ADDRESS <u>Grant City, Mo</u> | 23c. DATE SIGNED <u>8-12-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-12-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Allandale, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>8-27-1955</u> | REGISTRAR'S SIGNATURE <u>Leta E. Lawrence</u> <u>345</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill A. Dunfee</u> ADDRESS <u>Grant City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1955

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.....
Signature of Student Embalmer

Signed *Bill A. Dumble*

Licensed Embalmer No. *490*

P. O. Address *Grant, Ci.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.