

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24238  
STATE FILE NUMBER

FILED AUG 13 1956

52379-56 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Warrensburg,</i> <i>051<sup>2</sup>/<sub>10</sub></i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>Warrensburg Medical Center, Life</i>			Length of stay in lb		d. STREET ADDRESS <i>Highway 50 &amp; Washington</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>GEORGE CLIFFORD HAMEL</i>				First Middle Last		4. DATE OF DEATH <i>August 5th, 1956</i>		Month Day Year		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 4th, 1956</i>	9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		
						Months Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant,</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		11. BIRTHPLACE (City and state or country) <i>Johnson Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Elmer P. Hamel</i>				14. MOTHER'S MAIDEN NAME <i>Betty Jane Maynard</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mr. Elmer P. Hamel, Warrensburg, Mo.</i>				Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Premature Birth,</i>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>6 months Pregenancy,</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____								INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <i>8-4-1956</i> to <i>8-5-1956</i> and last saw her/him alive on <i>8-5-1956</i> Death occurred at <i>6:45 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>R. Lee Cooper</i> (Degree or title)				22b. ADDRESS <i>M.D. Warrensburg, Missouri.</i>			22c. DATE SIGNED <i>8-5-1956</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			(State)		
<i>Burial</i>		<i>8-6-1956</i>	<i>Crown Hill Cemetery,</i>		<i>Sedalia, Missouri.</i>					
24. FUNERAL DIRECTOR <i>R.A. Brauninger,</i>				ADDRESS <i>Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Aug. 6, 1956</i>		26. REGISTRAR'S SIGNATURE <i>Savannah Crutfield</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
000-56  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Disease, Cancer, etc. must use only standard nomenclature in Part I. No symptoms with diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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