

Health,
Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

30208

FILED OCT 4 1956

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 293

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jefferson City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Vandalia TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St Marys Hospital INSTITUTION		Length of stay in 1b	d. STREET ADDRESS 112 East Park (If outside, give location)
3. NAME OF DECEASED (Type or print) Edgar Hamlett		4. DATE OF DEATH Month Sep 28, Day 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1889
9a. AGE (In years last birth day)		9b. IF UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Audrain County, Missouri
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME William P. Hamlett	
14. MOTHER'S MAIDEN NAME Cora McMillan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
16. SOCIAL SECURITY NO. 500-12-6683		17. INFORMANT Address Mrs Naomi Hamlett, Vandalia, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Caecomas of colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 5/24/56 to 9/28/56 and last saw ^{him} alive on 9/28/56 Death occurred at 10:49 PM m, on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Everett P. Sepulchre M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo	
22c. DATE SIGNED 10/3/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sep 1, 1956	
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		23d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. 10-4-56	
26. REGISTRAR'S SIGNATURE R. G. Norris M.D. - M.R.			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

68

4715
1935

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 *William B. Wate*

Licensed Embalmer No. *416*

P. O. Address *Dundalk*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.