

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37698

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1066-0

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cassville</b> <u>00501</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Baptist</b>			Length of stay in lb <b>1 da.</b>	d. STREET ADDRESS (If outside, give location) <b>99 Gravel Street</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LIZZIE</b> Middle <b>HAMILTON</b> Last <b>PRICE</b>				4. DATE OF DEATH <b>NOV. 20, 1956</b> Month Day Year			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 8, 1871</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Holden, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William M. Hamilton</b>				14. MOTHER'S MAIDEN NAME <b>Rebecca Wilcox</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Dr. Gaylord Price</b> Address <b>St. Louis, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Fracture comminuted left humerus.</b>				6 DAY	
		DUE TO (c) <b>9040</b>					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Myocarditis - Arteriosclerosis</b>					
20a. ACCIDENT <input checked="" 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.) <b>Fell near her home</b>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. <b>Nov 14 1956</b> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>near home</b>		20f. CITY, TOWN, OR LOCATION <b>Cassville</b> COUNTY <b>Barry</b> STATE <b>Mo.</b>			
21. I attended the deceased from <b>Nov 20</b> to <b>Nov 20</b> and last saw her alive on <b>Nov 20</b> Death occurred at <b>8:15</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Daniel L. Vancey M.D.</b> (Degree or title)				22b. ADDRESS <b>Springfield Mo.</b>		22c. DATE SIGNED <b>Nov 23 1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-23-1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Culver's Funeral Home-Cassville,</b>				25. DATE RECD. BY LOCAL REG. <b>11-29-56</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

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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 *Margaret C. Herbes*  
Licensed Embalmer No. *43*

P. O. Address *Cassville*

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.