

No. 300
10.48

FILED DEC 21 1956 STANDARD CERTIFICATE OF DEATH

State File No. 42099

05-92

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow	
c. LENGTH OF STAY (in this place) 24 hrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hosp.			

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3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) WESLEY c. (Last) HAMLET			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8th, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 9, 1895		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Brick Factory		11. BIRTHPLACE (State or foreign country) Breckenridge, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME David Hamlet		13b. MOTHER'S MAIDEN NAME Rachel Bennett		14. NAME OF HUSBAND OR WIFE Sarah Hamlet	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-07-7065		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Hamlet Ludlow, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 Mos.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmone		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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 Nov. 20, 1956, to Dec. 8, 1956, that I last saw the deceased alive on Dec 8, 1956, and that death occurred at 7:15p, Mo., from the causes and on the date stated above.

23a. SIGNATURE Joseph Courad (Degree or title) MD		23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED Dec. 10, 1956	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Dec. 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	
24d. LOCATION (City, town, or county) (State) Breckenridge, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mead Funeral Service, Braymer, Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. Dec-10-56		REGISTRAR'S SIGNATURE Frances B. Neill			

(Licensed Embalmer's Statement on Reverse Side) BTM

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

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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
Student Embalmer

Signed *Bernard F. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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.