

Health, Welfare & Public Service

STANDARD CERTIFICATE OF DEATH

16640
STATE FILE NUMBER

FILED JUN 14 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 77

300
1-56

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kennett</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kennett</u> <u>0352</u> Inside Limits <u>XX</u> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boarding Home</u> <u>202 Harrison</u>		Length of stay in 1b <u>2 Months</u>	d. STREET ADDRESS (If outside, give location) <u>202 Harrison St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Orton</u> Middle <u>Preston</u> Last <u>Hamilton</u>		4. DATE OF DEATH Month <u>June</u> Day <u>5th</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 14- 1862</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		9b. AGE (In years last birthday) <u>94</u>	9c. IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> Hours <u></u> Min. <u></u>
10a. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Farmington Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jeffery Harris</u> Address <u>116 South 10th St Paragould Ark</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____			INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
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.) <u>4341</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 <u>Jan 1-1957</u> , to <u>June 5-1957</u> and last saw her alive on <u>6-4-57</u> Death occurred at <u>5.30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Baldwin</u> M.D.		22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>6-7-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-7-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lentz Service</u> <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-7-1957</u>	26. REGISTRAR'S SIGNATURE <u>Paul Husband</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY
DEPARTMENT 6-
COUNTY FILE NUMBER 651

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 *Edgar Lee Fero*

Licensed Embalmer No. *443*

P. O. Address *Hennett*

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.