

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28483

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 407

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must type name and address. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (IF NOT in hospital, give location) 514 Byers Ave		d. STREET ADDRESS (If outside, give location) 514 Byers Ave	
3. NAME OF DECEASED (Type or print) MATILDA		4. DATE OF DEATH August 13 1957	
5. SEX F		6. COLOR OR RACE W	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 15, 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Ireland	
13a. FATHER'S NAME Thomas Hamilton		14. NAME OF HUSBAND OR WIFE Mo	
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. None	
17. INFORMANT James N. Hamilton, 514 Byers, Joplin, Mo		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Cerebral hemorrhage DUE TO (c) Arteriosclerosis, generalized senility		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 4 days unknown	
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.) 331X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 1957 to Aug. 12, 1957 and last saw her/him alive on Aug. 12, 1957 Death occurred at 3:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8/19/57	
22a. SIGNATURE (Degree or title) J. E. Silbane M.D.		22b. ADDRESS 521 West 4th., Joplin, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-15-57	
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR Thornhill-DiBlon Joplin, Mo		25. DATE RECD. BY LOCAL REG. 8-26-1957	
26. REGISTRAR'S SIGNATURE Wool Merriam			

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County File No. _____
Date Filed **AUG 29 1957**

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 E. Haddock

Licensed Embalmer No. 4770
P. O. Address Joplin 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above: