

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31279  
STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 5348 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISBURG RR</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Louisburg RR</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>2308</u> Inside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last NOMA BELLE HAMLET 4. DATE OF DEATH Month Day Year 9-19-1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 4-18-1897 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months 12 Days 12 IF UNDER 24 HRS: Hours 12 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY DALLAS Co MO 11. BIRTHPLACE (City and state or country) DALLAS Co MO 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. F. Southwick 13b. MOTHER'S MAIDEN NAME Mary Miller 14. NAME OF HUSBAND OR WIFE Bert 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. 170X 17. INFORMANT Bert Hamlet Address Louisburg 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) Generalized Carcinoma  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Breast  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 8-12 mos  
10-12 mos

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 1-8-57 to 9-17-57 and last saw her alive on 9-17-57  
Death occurred at 8:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. A. Griffin M.D. 22b. ADDRESS Buffalo Mo 22c. DATE SIGNED 9-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-22-1957 23c. NAME OF CEMETERY OR CREMATORY New Hope 23d. LOCATION (City, town, or county) (State) Dallas Co Mo

24. FUNERAL DIRECTOR L. B. Jones ADDRESS Buffalo Mo 25. DATE RECD. BY LOCAL REG. 9/30/57 26. REGISTRAR'S SIGNATURE Mrs Grace Peter  
(Licensed Embalmer's Statement on Reverse Side) by 20

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leonard B. J. J. J.* .....

Licensed Embalmer No. *2508*  
P. O. Address *Buffalo* .....

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.