

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038910

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

37

Primary Registration District No.

4049

Registrar's No.

43

300 4
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico CO430
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home 1 Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Ellen Winifred Hamlett			4. DATE OF DEATH Month Day Year Nov 17 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-26-76 (1976)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years birthday) 81
11. BIRTHPLACE (City and state or country) Vandalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Phillip Hudson		13b. MOTHER'S MAIDEN NAME Winifred Gavin	14. NAME OF HUSBAND OR WIFE Tom Hamlett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Roy Moore RFD Mexico, 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) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			// months
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senescence			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 4221	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.) Centralia	20f. CITY, TOWN, OR LOCATION Boone	STATE Missouri
21. I attended the deceased from 12/5/58 to 11/17/58 and last saw her alive on October 25, 1958 Death occurred at November 17, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leopold Lachance, M.D.		22b. ADDRESS 110 W. Sneed, Centralia, Mo.	22c. DATE SIGNED 11/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-58	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri
24. FUNERAL DIRECTOR William B Waters		ADDRESS Vandalia Mo	25. DATE RECD. BY LOCAL REG. Dec 4 - 1958
		26. REGISTRAR'S SIGNATURE Maud Mrs Bride	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 P. Bates*

Licensed Embalmer No. *4169*
P. O. Address *Vandalia*

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: - I - I
If this body is not embalmed, fact should be so stated above.