

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**59-006759**

State File No. ....

No. 300  
10-48

**FILED MAR 16 1959**

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>310</u>  |  | PRIMARY REG. DIST. NO. <u>2058</u>   |  | Registrar's No. <u>66</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Charles</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>                              |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Town St Charles</u>  |  | c. LENGTH OF STAY (In this place)<br><u>2 WKS</u>  |  | c. CITY OR TOWN <u>St Charles</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>408 Morgan St</u>  |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>George</u>  |  | b. (Middle)  |  | c. (Last) <u>Hamblin</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 9 1959</u>  |  |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   |  | 8. DATE OF BIRTH<br><u>June 24 1869</u>  |  |   |  |
| 9. AGE (In years last birthday) <u>89</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Machinist</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Foundry</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Montgomery City Mo</u>  |  |   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  | 13a. FATHER'S NAME<br><u>John Hamblin</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mattie Hamblin</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>488-18-3365</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Mattie Hamblin St Charles Mo.</u>  |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                     |  |  |  | <b>MEDICAL CERTIFICATION</b>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 yrs?</u>                                  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  |  |  |  | <u>arteriosclerotic heart disease</u>  |  |  |  |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |  | DUE TO (b) _____   |  |  |  |   |  |
| DUE TO (c) _____  |  |  |  | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Generalized arteriosclerosis</u> |  |  |  | <u>10 yrs?</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4200</u>  |  |  |  |  |  | 20. AUTOPSY?<br>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?   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>3-3</u> , 19 <u>59</u> , to <u>3-9</u> , 19 <u>59</u> that I last saw the deceased alive on <u>2-9</u> , 1959, and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>George E. Kater M.D.</u>   |  |  |  | 23b. ADDRESS<br><u>St Charles Mo</u>   |  | 23c. DATE SIGNED<br><u>3-10-59</u>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>March 12 1959</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St Charles Mo.</u>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>MARCH 9-59</u>   |  | REGISTRAR'S SIGNATURE<br><u>Margaret Wilson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Arthur C Pauc St Charles Mo.</u>  |  |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Arthur C. Bous*.....

Licensed Embalmer No. *714*.....

P. O. Address *St. Charles*.....

**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.