

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005205

FILED VS. FEB 29 1960 42

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228

STATE FILE NUMBER

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|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in lb life | c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3341 Penn St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LOUIS Middle L. Last HAMBLEN | | | 4. DATE OF DEATH Month February Day 21 Year 1960 |
| 5. SEX male | 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 3/17/1902 |
| 9. AGE (last birthday) 57 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter | | 10b. KIND OF BUSINESS OR INDUSTRY Tablet Factory | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James Hamblen | |
| 13b. MOTHER'S MAIDEN NAME Mary McCord | | 14. NAME OF HUSBAND OR WIFE Elizabeth | |
| 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. 491-09-1925 | 17. INFORMANT Mrs. Louis Hamblen, 3341 Penn, St. Joseph, Mo. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric embolism & vascular collapse | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mural thrombus releasing emboli | | | 9-10 days |
| DUE TO (c) Acute anterior coronary occlusion | | | 10 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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 1957 to 2-21-60 and last saw her him alive on 2-21-60 Death occurred at 7:15a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) L. Peterson, M.D. | | 22b. ADDRESS 3306 Mitchell St, St. Joseph, Mo | 22c. DATE SIGNED 2/23/60 |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) burial | 23b. DATE 2/24/1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
| 24. FUNERAL DIRECTOR Heston-Bowman | ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. Feb. 24, 1960 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St. Joseph

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.