

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039016

FILED VS OCT 20 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 409

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Palmyra Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY Middle HAMLIN Last HAMLIN				4. DATE OF DEATH Month October Day 12 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 10/6/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 6 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gray Summit Missouri		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Montreville Hamlin			13b. MOTHER'S MAIDEN NAME Alice Reynolds		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT Wallace Hamlin Lewistown Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 day		
DUE TO (b) Hypertensive cardio vascular disease						3 years		
DUE TO (c)								
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"/> N. <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 Oct 11, 1960							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal Missouri		STATE MISSOURI		
21. I attended the deceased from Oct 11, 1960 to Oct 12, 1960 and last saw ^{her} him alive on Oct 12, 1960								
Death occurred at 7:02 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS 707 Bdwy, Hannibal, Mo.			22c. DATE SIGNED 10-14-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/15/1960	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) Hannibal Missouri		(State)		
24. FUNERAL DIRECTOR F. Crawford Smith, Hannibal Missouri			ADDRESS	25. DATE RECD. BY LOCAL REG. 10/17/60	26. REGISTRAR'S SIGNATURE Dr. E. M. Tucker by Lillian M. Korman			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 21 1960

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

John S. Stone

Licensed Embalmer No. 4540

P. O. Address Hannibal Miss

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.