

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

185-61-022097

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Ridge		c. CITY OR TOWN Green Ridge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Warren HAMLIN			4. DATE OF DEATH Month Day Year June 10, 1961
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 3-25-1876
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Clarksburg, Mo.
12. CITIZEN OF WHAT COUNTRY U S		13. FATHER'S NAME Truley A. Hamlin	
13b. MOTHER'S MAIDEN NAME Nancy E. Redman		14. NAME OF HUSBAND OR WIFE Mrs. Ida B. Hamlin	
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. None	17. INFORMANT Address Mrs. Ethel Sims Green Ridge, 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) Arterio Sclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			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 Greenridge, Pettis, Mo.	COUNTY STATE Pettis, Mo.
21. I attended the deceased from June 5 - 61 to June 10 - 61 and last saw him alive on June 5 - 61 Death occurred at about 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. W. Graves (Degree or title)		22b. ADDRESS Knob Noster, Mo.	22c. DATE SIGNED June 10 - 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 12, 1961	23c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery	23d. LOCATION (City, town, or county) (State) Windsor (Route) Benton Mo.
24. FUNERAL DIRECTOR ADDRESS Glen E. Heck Funeral Home Green Ridge, Mo.		25. DATE RECD. BY LOCAL REG. 6-12-1961	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DATE OF DEATH

AGE

X SEX

CAUSE OF DEATH

1

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF DECEASED

ADDRESS

CITY

STATE

CITY OF DEATH

PLACE OF BURIAL

NAME OF FUNERAL HOME

DATE OF DEATH

NAME OF DECEASED

ADDRESS

PLACE OF BURIAL

NAME OF FUNERAL HOME

CITY

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 *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Green Ridge*

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.