

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010506

STATE FILE NUMBER

Dr. Webb

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 437

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

1 0397
2 0750
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4 1
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7 0
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9 581.1
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12 4-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 1 MO.	c. CITY OR TOWN THAYER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) DOROTHY DEVER HAMILTON			4. DATE OF DEATH MARCH 16 1962		
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 2/21/16	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) THAYER, MO.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOHN BOUGHNOU		13b. MOTHER'S MAIDEN NAME DAISY DEVER	
14. NAME OF HUSBAND OR WIFE LADDIE HAMILTON		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 LADDIE HAMILTON, THAYER, 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) Pancreatic Carcinoma of the Liver		INTERVAL BETWEEN ONSET AND DEATH ? 1 year	
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)			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 type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	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 Feb 15, 1962 to March 15, '62 and last saw her/him alive on March 15, 1962 Death occurred at 1:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. Richard Webb, M.D.		(Degree or title)		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 3-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/19/62	
23c. NAME OF CEMETERY OR CREMATORY THAYER CEMETERY		23d. LOCATION (City, town, or county) THAYER, MO.		23e. STATE	
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 3-21-62	
26. REGISTRAR'S SIGNATURE Effie E. Weston					

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 1962

Permit renewed 3-16-62

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 *RH McCall*

Licensed Embalmer No. 2722

P. O. Address _____

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.