

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014472

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

1. PLACE OF DEATH a. COUNTY Carroll.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton Memorial. Length of stay in lb Week		c. CITY OR TOWN Wakenda Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C.C. Memorial Hospital Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Wakenda Missouri. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ollie Middle Hamblin Last Cowick		4. DATE OF DEATH Month 4 Day - 19- Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-70 9. AGE (last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework.	11. BIRTHPLACE (City and state or country) Wakenda Missouri. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Hamblin		13b. MOTHER'S MAIDEN NAME Catherine McCumber	14. NAME OF HUSBAND OR WIFE Charlie Cowick (Deceas
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 Mrs O.L. Womack (Wakenda 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) Myocardial infarction exhaustion INTERVAL BETWEEN ONSET AND DEATH 2 wks. DUE TO (b) Sub-trochanteric of the left femur. 2 wks. DUE TO (c) Fall			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell on floor of wash house.	
20c. TIME OF INJURY Hour 4-8- a.m. 62 p.m. 3:30 P.M.		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.) Wash house. (home) 20f. CITY, TOWN, OR LOCATION Wakenda COUNTY Carroll STATE Missouri.	
21. I attended the deceased from April 8-62 to _____ and last saw her/him alive on 4-19-62 Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) H. Hamilton Stator, M.D. Stator		22b. ADDRESS Carrollton, Missouri	22c. DATE SIGNED 4-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-22-62	23c. NAME OF CEMETERY OR CREMATORY Pleasant Park Cemetery	23d. LOCATION (City, town, or county) (State) Carrollton Mo.
24. FUNERAL DIRECTOR Marshall F. Home (Carrollton Mo.) ADDRESS _____		25. DATE RECD. BY LOCAL REG. 5-4-62	26. REGISTRAR'S SIGNATURE Mrs. Herbert Calvert <i>by B.W. Gibson, Deputy</i>

VS 300 Rev. 4/59
10171
2170
3
4 1
5 2
6
7 0
8 2
99030
10 20
11 017
12 5-0
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *R. H. Meeker* _____

Licensed Embalmer No. 4469
P. O. Address Carrollton Mo

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.