MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031738
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 176

FILED SEP 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
10	0595		
20	590		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	157X		
10			
11			
12	1-0		
13	1-0		

Certificate

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Chillicothe — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chillicothe hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Dawn — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): No street address — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fannie Middle: Hamilton Last: Street

4. DATE OF DEATH: Month: Aug. Day: 16 Year: 1962

5. SEX: Fem.
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/18/81
9. AGE (last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Livingston Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Andrew Hamilton
13b. MOTHER'S MAIDEN NAME: Lina Stinchcomb
14. NAME OF HUSBAND OR WIFE: William Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Merl Street, Address: Chillicothe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cancer of the Pancreas. — 6 mos
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Operated-Aug 8-62 - Drained Common Bile Duct

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 15-62, to Aug 16-62 and last saw her alive on Aug 13-62
Death occurred at 4:40 P.m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Joseph Conrad M.D.
22b. ADDRESS: Chillicothe, Mo
22c. DATE SIGNED: Aug 28 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 18, 1962
23c. NAME OF CEMETERY OR CREMATORY: Brassfield cemetery
23d. LOCATION (City, town, or county) (State): Livingston Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Donald Gordon, Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 18, 1962
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Bandall

Licensed Embalmer No. 4864

P. O. Address Chillicothe, 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.