No. 300
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FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 537

BIRTH NO. _____ REG. DIST. NO. 5-6 PRIMARY REG. DIST. NO. 4080 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Carroll.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home. South Maple St./

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Carroll.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne.
d. STREET ADDRESS (If rural, give location): South Maple St.

3. NAME OF DECEASED (Type or Print)
a. (First) Purcell b. (Middle) Hamilton. c. (Last)

4. DATE OF DEATH (Month) Jan. (Day) 2, (Year) 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ~~12/5~~ 5-7/ 1911
9. AGE (In years last birthday): 37 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wabash. R.R. Co.
10b. KIND OF BUSINESS OR INDUSTRY: Section Hand.
11. BIRTHPLACE (State or foreign country): Carroll. County. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Henry. Hamilton.
13b. MOTHER'S MAIDEN NAME: Anna. Hamilton.
14. NAME OF HUSBAND OR WIFE: Mildred May. Hamilton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-12-5472
17. INFORMANT'S SIGNATURE OR NAME: Mildred May Hamilton — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Do not Know
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 2-85, 1949, that I last saw the deceased alive on 1-1-, 1949, and that death occurred at 8 0 m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): B C Coleman M.D.
23b. ADDRESS: Norborne Mo
23c. DATE SIGNED: 1-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/ 1949
24c. NAME OF CEMETERY OR CREMATORY: Fairhaven. Cemetery.
24d. LOCATION (City, town, or county) (State): Norborne. Carroll. Co.

DATE REC'D BY LOCAL REG.: Jan 7-1949
REGISTRAR'S SIGNATURE: Eileen Pennington
25. FUNERAL DIRECTOR'S SIGNATURE: John G Deitch Sr. — ADDRESS: Norborne Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Carroll

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 2-1-49

MAY 26 1948

FEB 3 1949

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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 this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Carroll

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 537
Local Registrar's No. 1

On this ..... day of January, 1949, before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Purcell Hamilton died ~~born~~ Jan. 2nd, 1949, in the State of
Missouri, and which was filed at Norborne, Mo. on Jan. 7th, 1949, should be corrected as follows:

Item No. 8 should read May 12th 1911
Instead of Dec. 5th 1911

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Purcell Hamilton wife
Relationship.

Norborne MO
Present Address.

Subscribed and sworn to before me this 20th day of January, 1949

My Commission expires Aug. 18-1950 T. H. Schultz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through errors and write above

V. S. 135
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