

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11968

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

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>5420</u> Registrar's No. <u>9</u>	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Dunklin</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarkton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarkton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>James</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Hamilton</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		8. DATE OF BIRTH <u>Oct 13 1866</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
13a. FATHER'S NAME <u>Andrew Jackson Hamilton</u>			13b. MOTHER'S MAIDEN NAME <u>(Surn name) Cook</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fay Hamilton Pruett</u> ADDRESS <u>Moorehouse</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxiation</u>		
			ANTECEDENT CAUSES		
			DUE TO (b) <u>Overcome by smoke due to</u> DUE TO (c) <u>fire in Home.</u>		
II. OTHER SIGNIFICANT CONDITIONS			INTERVAL BETWEEN ONSET AND DEATH		
Conditions contributing to the death but not related to the disease or condition causing death.			<u>29/6/0</u> <u>1/0</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home Clarkton Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 14-49 5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home Burned</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Walter A. Hopkins</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Kennett, Mo</u>		23c. DATE SIGNED <u>4-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumach Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Whiteoak Mo (Rural)</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Len T. Turner</u> ADDRESS <u>Home Kennett Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 27, 1949</u>		REGISTRAR'S SIGNATURE <u>J. A. Anderson</u>		59	

RECEIVED

District Health Office No

District File Number 5-49-5

Date Filed 5-3-4

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.

Signed Walter A. Jenkins

Signed.....
Student Embalmer

Licensed Embalmer No. 2002

P. O. Address Kennett 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.