

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19906

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 172

1. PLACE OF DEATH *Independent, Mo.* USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. COUNTY Jackson Co. Mo. b. STATE Missouri c. COUNTY Jackson
 d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
 f. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) 730 West South Ave.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) JOHN c. (Last) HAMILTON 4. DATE OF DEATH (Month) (Day) (Year) June 7, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 8th, 1949 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert B. Hamilton 13b. MOTHER'S MAIDEN NAME Theresa Osner 14. NAME OF HUSBAND OR WIFE Dorothy 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. 884-05-8724 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Dorothy Hamilton Indep. Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis ANTECEDENT CAUSES (b) Perforated Peptic Ulcer DUE TO (c) Ulcer of the Stomach
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 II. OTHER SIGNIFICANT CONDITIONS not known he had ulcer until taken to Hospital
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-6-49 19b. MAJOR FINDINGS OF OPERATION Two perforations in the ulcer 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) _____ 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 June 4, 1949, to June 7, 1949 that I last saw the deceased alive on June 7, 1949, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Allen M.D. 23b. ADDRESS Independence, Mo. 23c. DATE SIGNED 6-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 9, 1949 24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem 24d. LOCATION (City, town, or county) (State) Jackson Co. Mo.

DATE REG'D BY LOCAL HEALTH DEPT. June 8, 1949 REGISTRAR'S SIGNATURE [Signature] 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Division of Health, Indep. Mo.

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

JUL 5 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dixon L. Kelsey

Licensed Embalmer No. 4225

P. O. Address Indep. 210

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.