

FILED AUG 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23376

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5493 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Foxcreek Twp.,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Foxcreek Twp.,	
c. LENGTH OF STAY (In this place) All life		d. STREET ADDRESS (If rural, give location) Three miles South-East of Mt. Moriah	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Collins	c. (Last) Hamilton	4. DATE OF DEATH (Month) (Day) (Year) July 16 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 16 1865	9. AGE (In years Last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Fram owner	11. BIRTHPLACE (State or foreign country) Foxcreek Twp., Harrison Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Collins Hamilton	13b. MOTHER'S MAIDEN NAME Catherine Hickman	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME Elmer Hamilton ADDRESS Ridgeway Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer on nose		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **April 26, 1950** to **July 16, 1950**, that I last saw the deceased alive on **July 16, 1950**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Cl Sellars (Degree or title) M. D.	23b. ADDRESS Mt. Moriah, Mo.	23c. DATE SIGNED July 17 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18 1950	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Foxcreek Twp., Harrison Co., Mo.
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DATE REC'D BY LOCAL REG. July 25-1950	REGISTRAR'S SIGNATURE S. P. Shaw	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cainsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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, gt/vj

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Eddie J. Stoklasa*

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.