

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32968

BIRTH NO.		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 0286		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Luray Washington Co. Mo.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Luray		3230	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) HENRY		c. (Last) HAMILTON	
4. DATE OF DEATH		(Month) Sept		(Day) 17		(Year) 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Feb. 10, 1879	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W ^m Hamilton		13b. MOTHER'S MAIDEN NAME Mary Ann Masley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. Sam Hamilton			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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 Thrombosis					
		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. Arteriosclerosis				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March, 1950, to Sept 17, 1950, that I last saw the deceased alive on August 1, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE L. E. Lowe D.O. (Degree or title)				23b. ADDRESS Memphis Mo		23c. DATE SIGNED Oct 1 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 20 1950		24c. NAME OF CEMETERY OR CREMATORY Combs Cem.		24d. LOCATION (City, town, or county) (State) Luray, Mo.	
DATE REC'D BY LOCAL REG. 10/10-57		REGISTRAR'S SIGNATURE J. B. Bridges 61		25. FUNERAL DIRECTOR'S SIGNATURE Jettings Weir, Kahoka Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48
30
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DEC 19 1950

NOV 16 1950

Date Received: OCT 17 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-56-
Date Filed: OCT 17 1950

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Otis L. Lutting*

Licensed Embalmer No. *2965*

P. O. Address *L. Lutting*

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.