

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23834

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lewis Twsp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lewis Twsp. 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lilbourn North Project		d. STREET ADDRESS (If rural, give location) Lilbourn North Project	

3. NAME OF DECEASED (Type or Print)	a. (First) Tommie	b. (Middle)	c. (Last) Hamilton	4. DATE OF DEATH (Month) (Day) (Year) July 30 1951
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20 1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 10	IF UNDER 100 HRS. Hours 10	IF UNDER 1 MIN. Min. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Osceola, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME N.H. Hamilton	13b. MOTHER'S MAIDEN NAME Minnie Howard	14. NAME OF HUSBAND OR WIFE Rebecca Hamilton
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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. 495-16-7004	17. INFORMANT'S SIGNATURE OR NAME Julia Lawrence-Bay Spring, Miss.	ADDRESS Bay Spring, Miss.
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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) _____		MEDICAL CERTIFICATION <i>[Signature]</i>	INTERVAL BETWEEN ONSET AND DEATH <i>[Signature]</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving 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) 334 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **July 30, 1951**, to **July 30, 1951**, that I last saw the deceased alive on **July 30, 1951**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Lilbourn Mo	23c. DATE SIGNED 8/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A	24b. DATE 8-2-51	24c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park	24d. LOCATION (City, town, or county) (State) Catron, Missouri
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DATE REC'D BY LOCAL REG. 8-2-51	REGISTRAR'S SIGNATURE A. J. Ponder	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JUL 14 1951

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 *Homer L. Ponder*

Signed.....
Student Embalmer

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.