

S. No. 300
V. 10.48
APR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13918

891

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (in this place) 5 years	c. CITY (If outside corporate limits, write RURAL and give township) Richmond		d. STREET ADDRESS (If rural, give location) 443 South Shaw
d. FULL NAME OF HOSPITAL OR INSTITUTION 443 South Shaw			d. STREET ADDRESS (If rural, give location) 443 South Shaw		
3. NAME OF DECEASED a. (First) Buford b. (Middle) G. c. (Last) Hamilton, M.D.			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1881	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Days 11 Hours 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Obstetrician	11. BIRTHPLACE (State or foreign country) DeKalb County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dr. Walter C. Hamilton		13b. MOTHER'S MAIDEN NAME Eliza Garvin	14. NAME OF HUSBAND OR WIFE Cleo Bates Hamilton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cleo Hamilton, Richmond, Missouri		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis, lt. leg.				± 2 wks?
	DUE TO (c) Amputation, lt. leg.				1 mo.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peripheral arteriosclerosis				± 10 yrs?
19a. DATE OF OPERATION March 17, 52	19b. MAJOR FINDINGS OF OPERATION Aneurysm, lt. popliteal fossa 452 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 2, 1952 , to April 17, 1952 , that I last saw the deceased alive on April 17, 1952 , and that death occurred at 7:25 AM on the causes and on the date stated above.					
23a. SIGNATURE W. C. Johnson M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 4/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond, Missouri		
DATE REC'D BY LOCAL REG. April 21-1952	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Malcolm Jackson	ADDRESS Richmond, Missouri		

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

4019

SEP 17 1952

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 _____

Licensed Embalmer No. 4066

P. O. Address Richmond, Md.

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.