

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24033**

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Lockwood Mo	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Lockwood Mo	0290
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood		d. STREET ADDRESS (If rural, give location) f	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Herbert c. (Last) Hamilton			4. DATE OF DEATH (Month) (Day) (Year) July 13 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 4, 1874		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 3 Days 9 IF UNDER 2 Wks. Mths.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Barbar	11. BIRTHPLACE (City and State or Foreign Country) Vernon Kans.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Hamilton		13b. MOTHER'S MAIDEN NAME Jimmie Scott		14. NAME OF HUSBAND OR WIFE Ora E 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ora E. Hamilton Lockwood 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. ANTECEDENT CAUSES Arterio Sclerosis 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.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		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 **2-10-1952** to **7-13-1952**, that I last saw the deceased alive on **7-13-1952** and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. D. Combs M.D. (Degree or title)		23b. ADDRESS Lockwood Mo		23c. DATE SIGNED 7-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-16-52	24c. NAME OF CEMETERY OR CREMATORY Lockwood		24d. LOCATION (City, town, or county) (State) Lockwood Mo

DATE REC'D BY LOCAL REG. 7-16-52	REGISTRAR'S SIGNATURE Geo. H. Weirby J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Allison Greenfield Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass.

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.