S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1952

State File No. 34086

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 363

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Com. Nur. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Van Buren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Van Buren County Home
d. STREET ADDRESS (If rural, give location): 3 miles North of Keosauqua

3. NAME OF DECEASED (Type or Print)
a. (First): Hallis
b. (Middle): Augustus
c. (Last): Hamilton

4. DATE OF DEATH (Month) (Day) (Year): October 29 1952

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: August 14 1902
9. AGE (In years last birthday): 50
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Mount Sterling, Iowa
12. CITIZEN OF WHAT COUNTRY?: Am

13a. FATHER'S NAME: Robert Franklin Hamilton
13b. MOTHER'S MAIDEN NAME: Adaline Lamin
14. NAME OF HUSBAND OR WIFE — Divorced: Virginia Heller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: (?)
17. INFORMANT'S SIGNATURE OR NAME: Robert M Hamilton — ADDRESS: Donnellson, Iowa

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depression of Respiratory Centers — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus Encephalitis of Brain Stem
DUE TO (c) Tetany (Hypocalcemia)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post Encephalitic Parkinsonism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: O.S.2 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-11, 1952, *to* 10-29, 1952, *that I last saw the deceased alive on* 10-29, 1952, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: David W. Boone (Degree or title): D.O.
23b. ADDRESS: 100 N Webster Kirksville Mo
23c. DATE SIGNED: 10-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-31-52
24c. NAME OF CEMETERY OR CREMATORY: Keosauqua
24d. LOCATION (City, town, or county) (State): Keosauqua Iowa

DATE REC'D BY LOCAL REG.: 10-30-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Davis ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert B. Williams

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.