

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38385

State File No. ....

FILED DEC 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4200 Registrar's No. 1073-A

390  
1

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ASH GROVE</u>		c. LENGTH OF STAY (in this place) <u>13 YEARS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ASH GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>1391</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>			
3. NAME OF DECEASED a. (First) <u>MAGNOLIA</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>HAMILTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 1-1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 13-1878</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 1 HR: HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>EUDORA (GREENE CO) MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES CLAYPOOL</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM HAMILTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or status of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM HAMILTON Ash Grove Mo</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC COLLAPSE</u>		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.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial infarction</u>	
		DUE TO (c) <u>Thrombosis</u>	
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"/>		4201	
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 <u>10-15</u> , <u>1952</u> , to <u>12-1</u> , <u>1952</u> ; that I last saw the deceased alive on <u>12/1</u> , <u>1952</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. H. Starn</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Ash Grove Mo</u>	23c. DATE SIGNED <u>12-2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Talk County Mo</u>
DATE REC'D BY LOCAL REG. <u>12-9-52</u>	REGISTRAR'S SIGNATURE <u>Tedith Williamson Registrar</u>	VS. GENERAL DIRECTOR'S SIGNATURE <u>Bruce Daniel Ash Grove Mo</u> ADDRESS _____	

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.....

*Wayne L. Samuel*  
.....  
Licensed Embalmer No. *4702*  
.....  
P. O. Address *Dep 3702 - Mo.*  
.....

Signed.....  
Student Embalmer

**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.