

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

512

State File No.

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 31

0140
 1

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Callaway</u> COUNTY | |
| b. CITY OR TOWN <u>Williamsburg Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg Mo</u> <u>0140</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 9 mi Prairie Trpk</u> | | d. STREET ADDRESS (If rural, give location) <u>none</u> | |

| | | | | |
|-------------------------------------|-------------------------|----------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Orbie</u> | b. (Middle) <u>Harlend</u> | c. (Last) <u>Hamilton</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 th 1953</u> |
|-------------------------------------|-------------------------|----------------------------|---------------------------|---|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 4th 1896</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus driver for school</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Shamrock Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|---|--|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>James W. Hamilton</u> | 13b. MOTHER'S MAIDEN NAME <u>Lillie Buck</u> | 14. NAME OF HUSBAND OR WIFE <u>Widowed</u> |
|---|--|--|

| | | | | |
|--|--|-----------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | (If yes, give war or dates of service) <u>World War #1</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Hendrix</u> | ADDRESS <u>St Louis Mo</u> |
|--|--|-----------------------------------|---|----------------------------|

| | | | |
|---|---|--------------|--|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>Spontaneous</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201 H</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic Gastric Carcinoma</u> | | <u>2 yrs</u> | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION <u>Apr 6, 1951</u> | 19b. MAJOR FINDINGS OF OPERATION <u>metastatic gastric carcinoma</u> | 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 Feb 18, 1950, to Jan 8, 1953, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

| | | |
|---|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Lloyd E. Hutchins, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Fulton, Missouri</u> | 23c. DATE SIGNED <u>Jan 9, 1953</u> |
|---|--------------------------------------|-------------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>I-10-53</u> | 24c. NAME OF CEMETERY <u>Williamsburg</u> | 24d. LOCATION (City, town, or county) (State) <u>Williamsburg Mo</u> |
|---|--------------------------|---|--|

| | | | | |
|---|---|-----|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 12-1953</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery</u> | ADDRESS <u>Montgomery MO</u> |
|---|---|-----|--|------------------------------|

JAN 22 1953

STATEMENT BY LICENSED EMBALMER

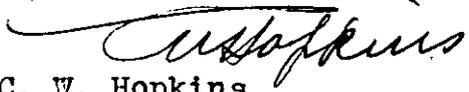
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~xx by x~~ on the 8th day of Jan 1953

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed


C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.