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MAY 18 1953THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17436**

BIRTH NO. _____		REG. DIST. NO. 74		PRIMARY REG. DIST. NO. 5297		Registrar's No. 26			
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLINTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON TWP.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON TWP.		d. STREET ADDRESS (If rural, give location) R.F.D. Holt MO. 0250			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Holt MO				4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1953					
3. NAME OF DECEASED (Type or Print), a. (First) Luda		b. (Middle) Janet		c. (Last) HAMILTON		5. SEX FEMALE			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 18 1903		9. AGE (In years last birthday) 49 If under 1 year: Months 10 Days 19 If under 12 hrs. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) Paradise Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Chas. Wilhoit		13b. MOTHER'S MAIDEN NAME Hallie Harrington		14. NAME OF HUSBAND OR WIFE RAYMOND 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 Raymond Hamilton Holt MO. ADDRESS Holt 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES 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 one year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X				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) (Min.)		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 Sept , 1952, to May 7 , 1953 that I last saw the deceased alive on May 5 , 1953, and that death occurred at 12:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Walter L. Washburn MD (Degree or title)				23b. ADDRESS Gashland, Mo.		23c. DATE SIGNED 5/8/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/9/53		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Plattsburg MO.			
DATE REC'D BY LOCAL REG. May 13-1953		REGISTRAR'S SIGNATURE Elizabeth Searce 4417		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Lyon ADDRESS Plattsburg, 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 Danell W. Lyson

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.