0.300
0.48

FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25566

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4301 Registrar's No. 9

580

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadville
c. LENGTH OF STAY (in this place): 79 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadville 0580
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): July 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 27, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Meadville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Nenean B. Hamilton
13b. MOTHER'S MAIDEN NAME: Mary E. Couch
14. NAME OF HUSBAND OR WIFE: —

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: J. C. Vanhorn, Meadville, Mo. ADDRESS

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) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
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* July 19, 1953, *to* July 19, 1953, *that I last saw the deceased alive on* July 19, 1953, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Gale (Degree or title) M.D.
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: 7-21-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Meadville
24d. LOCATION (City, town, or county) (State): Meadville Mo.

DATE REC'D BY LOCAL REG.: July 23-1953
REGISTRAR'S SIGNATURE: Chris A. Martens 169
25. FUNERAL DIRECTOR'S SIGNATURE: Norman Funeral Home ADDRESS: Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1954

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, M

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

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