

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25936**

State File No. ....

**FILED AUG 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ralls,</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri.</u> <u>0870</u>	
c. LENGTH OF STAY (In this place) <u>10Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Bedie</u> b. (Middle) <u>Victoria</u> c. (Last) <u>Hamilton</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug, 3, 1953</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	
<b>8. DATE OF BIRTH</b> <u>Jan. 15, 1876</u>		<b>9. AGE</b> (In years last birthday) <u>77</u>		<b>IF UNDER 1 YEAR</b> Months <u>6</u> Days <u>18</u> <b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ralls County, Missouri.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>William Shaver</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Williamson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank Hamilton.</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Virgil Hamilton Perry, Mo.</u> <b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility leading to dementia</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>dementia</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>304 X</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Apr. 5, 1953, to July 31, 1953, that I last saw the deceased alive on July 31, 1953 and that death occurred at 10:00A.M. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>P. E. Sister, M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Perry, Missouri.</u>		<b>23c. DATE SIGNED</b> <u>8-3-1953</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>8-5-1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Plesant Grove</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ralls Co, Missouri/</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>8-5-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Clyde B. Wilkey</u> <u>267</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clyde B. Wilkey</u> <b>ADDRESS</b> <u>Perry, Mo.</u>	
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(Licensed Embalmer - Statement on Reverse Side)

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

0.300  
0.48

870

AUG 27 1953

AUG 28 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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clyde W. Wier  
Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.