

STANDARD CERTIFICATE OF DEATH

State File No. **8028**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury	
c. LENGTH OF STAY (in this place) 18 months		d. STREET ADDRESS (If rural, give location) 3rd & Grand Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3rd & Grand Ave		d. STREET ADDRESS 3rd & Grand Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) Meyer c. (Last) Hamilton			4. DATE OF DEATH (Month) (Day) (Year) March 21-1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 13, 1881	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs Mfs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Rural Salisbury Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Nathan Hamilton		13b. MOTHER'S MAIDEN NAME Julia Meyer Parks		14. NAME OF HUSBAND OR WIFE Miss Vera Hamilton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Vera Hamilton	
(If yes, give war or dates of service)		(If yes, give war or dates of service)		ADDRESS Salisbury Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				3 yrs.	
		ANTECEDENT CAUSES					
		DUE TO (b) _____ DUE TO (c) Hypertension					
		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 443 X				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) m.		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 **Jan 1, 1954**, to **Feb 21, 1954**, that I last saw the deceased alive on **3-21, 1954**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Salisbury Mo		23c. DATE SIGNED 3/22/54	
24a. BURIAL, CREMATION REMOVAL (Specify) burial		24b. DATE 3-23-54		24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	
				24d. LOCATION (City, town, or county) (State) Chariton County Mo.	
DATE REC'D BY LOCAL REG. 3/22-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Chas. B. Winkelmeyer	
				ADDRESS Salisbury Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0210

APR 7 1958

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 ~~and~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Me

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.