

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9109**

FILED MAR 16 1954 REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **102**

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (in this place) <b>65 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>3133 EAST 10TH STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3133 EAST 10TH STREET</b>			

3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First) <b>J.</b>		b. (Middle) <b>HAMILTON</b>		c. (Last)		4. DATE OF DEATH <b>MARCH 3, 1954</b> (Month) (Day) (Year)		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JANUARY 10, 1860</b>		9. AGE (In years last birthday) <b>94</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>23</b> IF UNDER 6 WKS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>			11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>NO DATA</b>		13b. MOTHER'S MAIDEN NAME <b>NO DATA</b>		14. NAME OF HUSBAND OR WIFE <b>N DEWITT G. HAMILTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ELLIS D. HAMILTON</b>	

18. CAUSE OF DEATH Enter 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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) <b>Arteriosclerosis - general</b>		<b>10 days</b>	
		ANTECEDENT CAUSES		DUE TO (c) <b>Generalized Arteriosclerosis 70 yrs</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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		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 <b>not attend</b> <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>9 AM</b> m., from the causes and on the date stated above.					

23a. SIGNATURE <b>R. K. Saylor</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>715 Fraser Bldg</b>		23c. DATE SIGNED <b>3-4-1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-5-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b>	

DATE REC'D BY LOCAL REG. <b>3-5-54</b>		REGISTRAR'S SIGNATURE <b>Ed D. James</b> <b>138</b> <b>by Salote Sampson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGE LEWIS FUNERAL HOME</b> ADDRESS <b>WEBB CITY, MO.</b>	
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RECEIVED MAR 15 1954

Jasper County Health Office

County File Number 54-3-199

Date Filed MAR 15 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 *[Handwritten Signature]*

Licensed Embalmer No. 4561

P. O. Address. *Wald 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.