

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18407

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5323</u>		Registrar's No. <u>16-1954</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Rural, Knobview</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Rural, Knobview</u>		0280	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7 Miles N. of Cuba</u>				d. STREET ADDRESS (If rural, give location) <u>Knobview Township</u>			
3. NAME OF DECEASED (Type or Print) <u>John Fleming Hamilton</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH <u>6/14/1954</u>		(Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/26/1869</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>		IF UNDER 6 HRS. Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Crawford County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Alfred Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie Ann (Taylor)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Star Address Mrs. John F. Hamilton, Cuba, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>				<u>10 years</u>	
		DUE TO (c)					
		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. J. A. [Signature]</u>				23b. ADDRESS <u>M. D. Cuba, Missouri</u>		23c. DATE SIGNED <u>3/16/1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford County, Missouri</u>	
DATE REC'D BY LOCAL REG <u>6-17-1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 372		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cuba, Mo.</u>			

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

JUN 2 19

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Paul A. Shanklin*
Licensed Embalmer No. *3472*
P. O. Address *Putah, No.*

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.