

STANDARD CERTIFICATE OF DEATH

State File No. 1965

BIRTH NO. JUN 25 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>LANNIBAL</u>		c. LENGTH OF STAY (In this place township) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FRANK FORD</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>				0820			
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-54</u>				
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>SEPT 28 1899</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>SHELBY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN HAMILTON</u>			13b. MOTHER'S MAIDEN NAME <u>ADDIE DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH ANN SORRELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Hamilton, Frankford, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic carcinoma with widespread metastasis</u> 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 <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				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 <u>5-25-54</u> , 19 <u> </u> , to <u>6-21-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6-21-54</u> , 19 <u> </u> , and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Emm Stone MD</u>				23b. ADDRESS <u>115 N. 5th St Hannibal Mo</u>		23c. DATE SIGNED <u>6/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-54</u>		REGISTRAR'S SIGNATURE <u>Dr. Emm Stone</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rosa Clark, Hannibal, Mo.</u>			

(Licensed Embalmer's Seal/Seal on Reverse Side)

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

RECEIVED ~~JUN 24 1954~~
MARION CO. HEALTH DEPT.
DATE FILED JUN 24 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 Joseph Clark

Licensed Embalmer No. 4217

P. O. Address Hamlet, 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.