

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21764

State File No.

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4488 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TENN</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>MORLEY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>1023 POPE ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVAS</u> b. (Middle) <u>LAWSON</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 31 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days <u>6</u> Hours <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTT Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>WILLIAM HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>EUGENIA GEORGEON</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA MAE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Clara Mae Hamilton - Memphis Tenn</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (found dead in car)</u>		DUE TO (b) <u>Recent upper respiratory infection</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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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) <u>4201</u>	
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 2 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Delores C. Birch, M.D. Health Officer</u>		23b. ADDRESS <u>Benton Mo.</u>		23c. DATE SIGNED <u>6-1-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
				24d. LOCATION (City, town, or county) (State) <u>MORLEY Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 14 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Della Funder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home Benton Mo</u>	
				ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1954

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-116

JUN 23

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

Raymond Gews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.