

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 4-17 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rothville</u>		c. LENGTH OF STAY (in this place) township) <u>82 yrs</u>		c. CITY OR TOWN <u>Rothville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>0210</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>F.</u>		c. (Last) <u>HAMILTON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-54</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>Aug. 30 - 1872</u>		9. AGE (In years last birthday) <u>82</u> 1 <u>1</u> DAY <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rothville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. F. HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Holman</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Hamilton</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 <u>Mrs. Homer Ray Gordon</u>		ADDRESS <u>Rothville Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertensive</u>		DUE TO (c) <u>Coronary vascular disease</u>	
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 <u>443 X</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) (Min.)		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 <u>53</u> to <u>10-28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1</u> , 19 <u>54</u> , and that death occurred at <u>2:30 AM</u> , from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>Stated W. Wright MD</u>	
23b. ADDRESS <u>Mendon Mo</u>		23c. DATE SIGNED <u>10-30-54</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>		24d. LOCATION (City, town, or county) (State) <u>Rothville Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-30-54</u>		REGISTRAR'S SIGNATURE <u>Maud Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Shepard</u>	
ADDRESS <u>Mendon Mo</u>					

DEC 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.....  
Signature of Student Embalmer

Signed *S. L. Leopold*.....

Licensed Embalmer No. *39*.....

P. O. Address *Mendon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.