No. 300
10.48

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

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1670

BIRTH NO. 71088-54 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARCELINE, Mo
c. LENGTH OF STAY (In this place) 3DA'S
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. FRANCIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROTHVILLE 0210,
d. STREET ADDRESS (If rural, give location) ROTHVILLE

3. NAME OF DECEASED (Type or Print)
a. (First) Jim
b. (Middle) LESTER
c. (Last) Hamilton

4. DATE OF DEATH (Month) (Day) (Year) 1 - 22 - 55

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0
8. DATE OF BIRTH 28 Sept 1954
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 3, Days —; IF UNDER 24 HRS.: Hours —, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0
10b. KIND OF BUSINESS OR INDUSTRY 0
11. BIRTHPLACE (City and State or Foreign Country) BROOKFIELD, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME OTHO Hamilton
13b. MOTHER'S MAIDEN NAME NITA CRAIGG
14. NAME OF HUSBAND OR WIFE 0

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service) 0
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME St Francis Hosp ADDRESS Marceline, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bilateral, Severe — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 1955, to 1-22, 1955, that I last saw the deceased alive on 1-21, 1955 and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE Otho Hamilton (Degree or title) MD
23b. ADDRESS Marceline, Mo
23c. DATE SIGNED 1-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-23-55
24c. NAME OF CEMETERY OR CREMATORY ROTHVILLE Cemetery
24d. LOCATION (City, town, or county) ROTHVILLE, Mo (State)

DATE REC'D BY LOCAL REG. 1-22-55
REGISTRAR'S SIGNATURE Mary J. Ridgway 401
25. FUNERAL DIRECTOR'S SIGNATURE M Laughlin ADDRESS Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Marceline, 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.