

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5363

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO</u>		c. LENGTH OF STAY (in this place) <u>59 YRS</u>		c. CITY OR TOWN <u>DE SOTO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 BOYD</u>				e. STREET ADDRESS (If rural, give location) <u>218 BOYD 05020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13 1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2 JAN. 15. 1874</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUSIC STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DECOVAN KY. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>SAMUEL E HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE CORINNE 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>490-29-9237</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. G. COXWELL SR, DE SOTO 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy heart</u> <u>Hypertension</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>5 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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) m.		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>2-9</u> , 1955, to <u>2-13</u> , 1955, that I last saw the deceased alive on <u>2-13</u> , 1955, and that death occurred at <u>10⁰⁵ pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Pierce, D.O.</u> (Degree or title)				23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>2-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 14/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK VIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-17-55</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donnell B. Smith De Soto Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 19 1955

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 *Donnell B. Sichel*

Licensed Embalmer No. *4109*

P. O. Address *Depto 1*

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.