

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14688

FILED JUN 6 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 531

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>St. Joseph</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>418 Lee St.</u>		e. STREET ADDRESS (If rural, give location) <u>418 Lee St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Hamilton</u>			4. DATE OF DEATH <u>May 23, 1955</u> (Month) (Day) (Year)		
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>Apr. 10, 1908</u>		9. AGE (in years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber salesman</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Lumber</u>	

13a. FATHER'S NAME <u>Charles Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Albright</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Hamilton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>491-10-9373</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vera Hamilton</u>	
				ADDRESS <u>418 Lee St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION St. Joseph, Mo.			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>			unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Incidentally - Rheumatic Heart Disease and Hypertensive</u>			unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Heart Disease.</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 Mar. 6, 1953, to May 23, 1955, that I last saw the deceased alive on May 23, 1955, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sharon E. Woyzner M.D. 23b. ADDRESS 301 Illinois Ave. City 23c. DATE SIGNED May 25, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 26, 1955 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. June 6, 1955 REGISTRAR'S SIGNATURE Gather M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

6 12 15
M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 46

P. O. Address 57 Jrs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.