

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15163

FILED MAY 31 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Folk</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Bolivar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		10. STREET ADDRESS (If rural, give location) <u>0841</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>W.</u> c. (Last) <u>Hamilton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 - 55</u>					
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>Sept 21 - 1886</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>W. W. Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Lemmon</u>	14. NAME OF HUSBAND OR WIFE <u>Effie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Hamilton</u> ADDRESS <u>Bolivar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		<u>5 years</u>
	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. <u>Fibrinolytic reaction. Bronchopneumonia</u>			<u>1 week</u>

19a. DATE OF OPERATION <u>5-19-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cystoscopy: Recurrent carcinoma prostate</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 19 May, 1955, to 26 May, 1955, that I last saw the deceased alive on 26 May, 1955, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William W. Wood</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1211 So. Cleystone Springfield, Mo.</u>	23c. DATE SIGNED <u>5/26/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 29 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>Dach, Co. Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pitts Funeral Home</u> ADDRESS <u>Bolivar, Mo.</u>	DATE REC'D BY LOCAL REG. <u>5-27-55</u>
REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 *Sidney J. Pitts*

Licensed Embalmer No. *394*

P. O. Address *Polina*

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.