

No. 300  
10-48

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40125**

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>X</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gobler</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Gobler</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0340</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Hamilton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-55</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>6-9-1875</u>		
				9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months   Days   IF UNDER 10 HRS.   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Madison Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tinnie Hamilton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or nature of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jimmie Hamilton</u> ADDRESS <u>Gobler, 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 VASCULAR ACCIDENT, RECURRENT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL VASCULAR ACCIDENT, OLD</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>5 YRS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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>AUG</u> , 19 <u>50</u> , to <u>DEC 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>DEC 13</u> , 19 <u>55</u> , and that death occurred at <u>6 1/2</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Eberly Wheeler Jr</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Senath, Mo</u>		23c. DATE SIGNED <u>12-29-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-11-56</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Serv.</u>		ADDRESS <u>Senath Mo</u>		

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

RECEIVED DUNKLIN COUNTY  
DEPARTMENT .....  
COUNTY FILE NUMBER .....

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.....  
*Edwin L. Brown*

Licensed Embalmer No. 484  
P. O. Address *Seneca*

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.