

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43172**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6179** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SULLIVAN</b>	
b. CITY OR TOWN <b>BOYNTON</b>	c. LENGTH OF STAY (in this place) <b>40 YRS</b>	c. CITY OR TOWN <b>BOYNTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>1050</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JARRETT</b> b. (Middle) <b>BRANDON</b> c. (Last) <b>HAMILTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 7 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 11 1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GEN FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOYNTON MO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>JARRETT B. HAMILTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET M. NEECE</b>		14. NAME OF HUSBAND OR WIFE <b>ADA HAMILTON BOYNTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ada Hamilton</b> ADDRESS <b>Boyantn</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchial pneumonia</b>			DUPLICATE PREVIOUS			<b>2 days</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
			DUE TO (b) <b>Severely arteriosclerosis</b>			
			DUE TO (c) <b>a general debility 4500</b>			
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <b>Unclim &amp; Corneal</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug**, 19**55**, to **Dec 7**, 19**55**, that I last saw the deceased alive on **Dec 5**, 19**55**, and that death occurred at **4:04 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. Martin</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Boyantn Mo</b>		23c. DATE SIGNED <b>12/8/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 10 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HAMILTON</b>	
DATE REC'D BY LOCAL REG. <b>12-12-55</b>		REGISTRAR'S SIGNATURE <b>Wm. H. B. Harris</b>		24d. LOCATION (City, town, or county) (State) <b>BOYNTON MO</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>James Thomas Lewis</b>		ADDRESS <b>Melan</b>			

(Licensed Embalmer's Statement on Reverse Side)

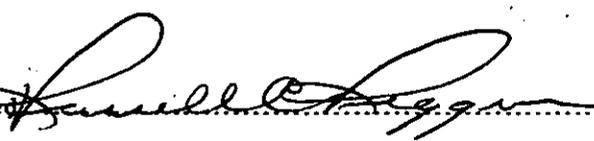
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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  .....

Licensed Embalmer No. 37.8

P. O. Address Melan.....

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.