

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3873

State File No.

No. 300
10-48

FILED FEB 20 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **175**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Buchanan</i>		a. STATE <i>Illinois</i> b. COUNTY <i>Cook</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. CITY OR TOWN <i>Chicago</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>3 Mos.</i>		e. STREET ADDRESS (If rural, give location) <i>4858 Forestville Ave. #120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Methodist Hosp.</i>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>William</i>	b. (Middle) <i>Henry</i>	c. (Last) <i>Hamilton</i>	<i>Feb. 9 1956</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 9 - 1899</i>		9. AGE (In years last birthday) <i>76</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>commercial artist (ret.)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Patuxent Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>W. H. Henry Hamilton, Sr.</i>	13b. MOTHER'S MAIDEN NAME <i>Harriet Lancaster</i>	14. NAME OF HUSBAND OR WIFE <i>Betha Hamilton</i>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>346-03-7054</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Lillian Hamilton</i>	ADDRESS <i>3203 Polk St. St. Joseph, Mo.</i>
---	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>several wks</i> <i>several years</i> <i>several years</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Nephro-sclerosis</i> DUE TO (c) <i>Arteriosclerotic heart disease</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Hypertrophy of prostate</i>			

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) <i>4200</i>
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 11-11-, 1955, to 2-9-56, 19 , that I last saw the deceased alive on 2-9-56, 19 , and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. Handley</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>311 Physician & Surgeon St. Joseph, Mo.</i>	23c. DATE SIGNED <i>2-14-56</i>
---	-------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Feb. 11 - 1956</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Bronville Mo.</i>
---	--	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Feb 17, 1956</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Alexander</i>	ADDRESS <i>St. Joseph, Mo.</i>
--	---	------------	---	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1958

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..... *Wm H Alexander*

Licensed Embalmer No. *445*

P. O. Address *St Joseph*

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.