

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9831

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5770		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>MERCER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>			
b. CITY OR TOWN <u>MODENA</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>MODENA</u>		d. STREET ADDRESS (If rural, give location) <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HADEN</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 20 1956</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-1-1876</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER OF PRODUCE AND FEED STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ARCHIBAL HAMILTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH FARIXTON</u>	
14. NAME OF HUSBAND OR WIFE <u>OLLIE M. HAMILTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-03-9288</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OLLIE M. HAMILTON</u> ADDRESS <u>MODENA 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4500	
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 <u>3-10-</u> , 1956, to <u>3-20-</u> , 1956, that I last saw the deceased alive on <u>3/19/</u> , 1956, and that death occurred at <u>2:45A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Haulers M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>3-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAMILTON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-23-56</u>		REGISTRAR'S SIGNATURE <u>Neal Mann</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME SPICARD MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed ROSS WISE

Licensed Embalmer No. 3771

P. O. Address Spickard 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.