

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13070

State File No. ....

BIRTH NO. .... REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Howard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>Apr 3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>So. Maple St 0210</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Haven Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eleanor</u> b. (Middle) <u>Blanch</u> c. (Last) <u>Hamilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Locke</u>		13c. NAME OF HUSBAND OR WIFE <u>Robert 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frances Hayes Salisbury 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 INTERVAL BETWEEN ONSET AND DEATH <u>5 min to 7 hrs</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic congestive heart failure</u>			<u>6 months</u>		
DUE TO (c) <u>Arteriosclerotic heart disease</u>			<u>Unknown</u>		
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"/>	
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)		<u>4200</u>
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>Jan 1 1956</u> to <u>April 14, 1956</u> , that I last saw the deceased alive on <u>April 2, 1956</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Francis D. Dan</u>			23b. ADDRESS <u>Waggoner, Mo</u>		23c. DATE SIGNED <u>4-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-16-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B Winkelman Salisbury Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

VS AUG 5 1959

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 .....  
Student Embalmer

Signed

*Chas B Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address. *Salisbury, Mo*

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

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