

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24578**

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **352** Registrar's No. **311**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY OR TOWN Sedalia	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in hospital or institution) 5 minutes		e. STREET ADDRESS (If rural, give location) 735 East 5th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRANCIS c. (Last) HAMILTON			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1956	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1886	9. AGE (In years) (Last birthday) 69	if UNDER 1 YEAR Months 11 Days 19	if UNDER 24 Hrs. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipe-fitter	10b. KIND OF BUSINESS OR INDUSTRY R.R. Shops	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Hamilton	13b. MOTHER'S MAIDEN NAME Sarah Agee	14. NAME OF HUSBAND OR WIFE Helen Stephenson Hamilton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 702-16-1619	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Helen Hamilton, 735 East 5th Sedalia, Mo.
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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) Coronary occlusion		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) Coronary atherosclerosis		
		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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased **as Coroner**, **10**, that I last saw the deceased alive on **19**, and that death occurred at **10:10P** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Benlen Stauffer MD (Degree or title)	23b. ADDRESS Coronary Pettis Co	23c. DATE SIGNED 8-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 8-9-56	REGISTRAR'S SIGNATURE Theresa Brown, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Theresa Brown, Sedalia, Mo.
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Dr. Stauffacher

AUG 14 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 *Rose Ewing*.....

Licensed Embalmer No. *1384*

P. O. Address *Sedalia*

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.