

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27553**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Lumpkin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Lumpkin	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe	c. LENGTH OF STAY (In this place) 6 yrs	c. CITY OR TOWN Chillicothe	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		e. STREET ADDRESS (If rural, give location) 709 Highland 05450	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST HARLAND b. (Middle) HAMILTON c. (Last) HAMILTON		4. DATE OF DEATH (Month) (Day) (Year) 8-20-1956	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-5-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salaman School Supply		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 65
11. BIRTHPLACE (City and State or Foreign Country) Humphrey MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ralph Hamilton	13b. MOTHER'S MAIDEN NAME Lulu Couper	14. NAME OF HUSBAND OR WIFE Glorie 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)	16. SOCIAL SECURITY NO. 492-14-6025	17. INFORMANT'S SIGNATURE OR NAME MO E H Hamilton Chillicothe MO	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) 4201
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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?
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22. I hereby certify that I attended the deceased from 19 to 20 Aug, 1956, that I last saw the deceased alive on 20 Aug, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Marion M. Grace M.D.	23b. ADDRESS Chillicothe, MO	23c. DATE SIGNED 21 Aug. 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-22-1956	24c. NAME OF CEMETERY OR CREMATORY Humphrey Cem	24d. LOCATION (City, town, or county) (State) Humphrey MO
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DATE REC'D BY LOCAL REG. Aug 21-56	REGISTRAR'S SIGNATURE Francis B. Keid	25. FUNERAL DIRECTOR'S SIGNATURE Dr Payne San Salt MO	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *PK Payne*

Licensed Embalmer No. *340*.....

P. O. Address *Galt*.....

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.