

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29777**

69

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. LENGTH OF STAY (In this place) 2 months		c. CITY OR TOWN Lamar		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Potts Nursing Home				e. STREET ADDRESS (If rural, give location) 1305 Walnut			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) FENNER		c. (Last) HAMILTON		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1956	
5. SEX M		16. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 16, 1875	
9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Gardener		11. BIRTHPLACE (City and State or Foreign Country) Bradford, Ohio	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Joseph Hamilton		13b. MOTHER'S MAIDEN NAME Sarah McDowell		14. NAME OF HUSBAND OR WIFE Jennie Hamilton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-12-5003		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Burl Hamilton, Kansas City, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. Fever				INTERVAL BETWEEN ONSET AND DEATH 2 dys	
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)		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 7-7 , 19 56 to 9-22 , 19 56 , that I last saw the deceased alive on 9-22 , 19 56 , and that death occurred at 2:45 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) Herbert Arnold M.D. Lamar, Mo.				23b. ADDRESS		23c. DATE SIGNED 9-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Oakton Cemetery		24d. LOCATION (City, town, or county) (State) Oakton, Missouri	
DATE REC'D BY LOCAL REG. SEP 25 '56		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.		ADDRESS	

2061

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

14-0

OCT 1
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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 *Charles W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *Sumner, Mo.*.....

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.