Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35075
STATE FILE NUMBER

FILED NOV 14 1956 Registration District No. 291 Primary Registration District No. 5993 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Medicine Township — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 2 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Putnam
c. CITY OR TOWN: 0860 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Newtown R.F.D. — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Anderson Last: Hamilton
4. DATE OF DEATH: Month Oct. Day 27 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: June 10 1894
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days 17 — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Putnam County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph M. Hamilton
14. MOTHER'S MAIDEN NAME: Rachel L. Chapel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-42-3469
17. INFORMANT: Herbert Hamilton Address: Grandview, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): hypertension — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331/X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 27-56 to Oct 27-56 and last saw him alive on Oct 27 56
Death occurred at 10:40p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L. Judd DO
22b. ADDRESS: Unionville, Missouri
22c. DATE SIGNED: 10-29-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/31/56
23c. NAME OF CEMETERY OR CREMATORY: Torrey Cemetery
23d. LOCATION (City, town, or county) (State): Putnam County, Missouri

24. FUNERAL DIRECTOR: Comstock Funeral Home By J. W. Comstock
ADDRESS: Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-10-1956
26. REGISTRAR'S SIGNATURE: Marvell Darbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Comstock

Licensed Embalmer No. 41

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.