

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7591**

FILED MAR 19 1957

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, Missouri		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Ashland, Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 0100	

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) Cleveland	c. (Last) Hamilton	4. DATE OF DEATH (Month) (Day) (Year) March 14, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 30, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 14	IF UNDER 2 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Missouri, - Ashland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James R. Hamilton	13b. MOTHER'S MAIDEN NAME Missouri E. Sapp	14. NAME OF HUSBAND OR WIFE Hattie M. Hamilton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ////////	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie M. Hamilton, Ashland, 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 10 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrosarcoma Nose		
	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. Generalized Metastases Lungs, Cervical region			

19a. DATE OF OPERATION 11-7-56	19b. MAJOR FINDINGS OF OPERATION Rt. cervical Lymph node metastases 197X	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) (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 **7-20**, 19**56**, to **March 14**, 19**57**, that I last saw the deceased alive on **Mar 14**, 19**57**, and that death occurred at **1:56** p.m., from the causes and on the date stated above.

23a. SIGNATURE John J. Modlin M.D.	(Degree or title) Professional Bldg Columbia	23b. ADDRESS _____	23c. DATE SIGNED 3-15-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17, 1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Mar 15 1957	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Burnett	ADDRESS Ashland
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

31-0

1710

MAY 17 1957

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 *Wm E. Burnett*

Licensed Embalmer No. *3569*

P. O. Address *Ashland*

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.