

FILED OCT 17 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36901**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5943** Registrar's No. **185**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Spring Creek		c. LENGTH OF STAY (in this place) 15 years	c. CITY OR TOWN Rural-Spring Creek
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile East of Edgar Springs		STREET ADDRESS (If rural, give location) 1 mile East of Edgar Springs	

3. NAME OF DECEASED (Type or Print)	a. (First) NEWTON	b. (Middle) JASPER	c. (Last) HAMILTON	4. DATE OF DEATH (Month) (Day) (Year) October 9, 1957
-------------------------------------	--------------------------	---------------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 8, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Engineer, ret.	10b. KIND OF BUSINESS OR INDUSTRY Powerhouse	11. BIRTHPLACE (City and State or Foreign Country) Mattoon, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME John Hamilton	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE May
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-03-2398	17. INFORMANT'S SIGNATURE OR NAME Mrs. May Hamilton	ADDRESS Edgar Springs
---	--	--	------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & pulmonary arrest	ANTECEDENT CAUSES DUE TO (b) cachexia & debilitation DUE TO (c) Cerebrovascular accident	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. possible C.A. of Sigmoid colon.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X H	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) (m.)	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 **Sept 2, 1957**, to **Oct 9, 1957**, that I last saw the deceased alive on **Oct 7, 1957**, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Myers D.O.	(Degree or title)	23b. ADDRESS Licking, Mo	23c. DATE SIGNED 10-11-57
--	-------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 11, 1957	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Oct. 11, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	ADDRESS Rolla, Mo.
---	--	--	---------------------------

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

380

County Health Officer,
County File Number 845
Date Filed 10-15-57

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.....

Licensed Embalmer No. 449

P. O. Address Rolla, 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.