Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47036
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6176 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Browning — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Taylor Lup. — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Sullivan
c. CITY OR TOWN Browning — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1050 Taylor Lup. — Beside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RALPH Middle HARLAND Last HAMILTON
4. DATE OF DEATH Month 12 Day 25 Year 57
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-17-1868
9. AGE (In years last birthday) 89 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mansfield Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME L H Hamilton
13b. MOTHER'S MAIDEN NAME Mary Spangler
14. NAME OF HUSBAND OR WIFE Lulu Cowgill Hamilton
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.
17. INFORMANT Address Howard Hamilton Hamburg Ia

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) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis — 4500
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 Dec 12 1917, to Dec and last saw him alive on Dec 21 19
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Martor (Degree or title) M.D.
22b. ADDRESS Browning Mo
22c. DATE SIGNED Dec 22 1917

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-57
23c. NAME OF CEMETERY OR CREMATORY Humphrey Cem
23d. LOCATION (City, town, or county) (State) Humphrey Mo.

24. FUNERAL DIRECTOR P K Payne Son ADDRESS Gallmo
25. DATE RECD. BY LOCAL REG. 12-30-57
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

2S

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 P K Payne Jr

Licensed Embalmer No. 3400

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.