

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **81**

FILED JAN 24 1958

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give town or township) Mexico		c. LENGTH OF STAY (in this place) 48 yrs.		c. CITY OR TOWN Mexico		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital				e. STREET ADDRESS (If rural, give location) R.F.D.# 3			
3. NAME OF DECEASED (Type or Print) a. (First) DORIS		b. (Middle) H.		c. (Last) HAMILTON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 58	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 29, 99	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saddle Horse Raiser			10b. KIND OF BUSINESS OR INDUSTRY Saddle Horse		11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Hamilton			13b. MOTHER'S MAIDEN NAME Mildred Bell		14. NAME OF HUSBAND OR WIFE Elizabeth Hamilton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY (If yes, give war or dates of service) 492-36-8068		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Doris H. Hamilton, Mexico, 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) Pneumococcal meningitis INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) 3401			
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 Jan 18 , 19 58 , to Jan 18 , 19 58 , that I last saw the deceased alive on Jan 18 , 19 58 , and that death occurred at 7:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest J. Gantt (Degree or title) MD				23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 1-21-58	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 22. 58		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. Jan 21-1958		REGISTRAR'S SIGNATURE Blanche Neely		FUNERAL DIRECTOR'S SIGNATURE Paul H. Houston		ADDRESS Mexico, Mo.	

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 *Carl M Keeny*

Licensed Embalmer No. *351*

P. O. Address *Mexico T*

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.