

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010698
State File No.

FILED APR 3 1958

REGISTRAR'S No. 101

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		REGISTRAR'S No. 101	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RALLS			
b. CITY (If outside corporate limits, write RURAL and give town) HANNIBAL		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY OR TOWN NEW LONDON		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 LEVERING HOSPITAL				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) HAMILTON		c. (Last) HAMILTON		4. DATE OF DEATH (Month) (Day) (Year) MAR. 29 1958	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEB-19 1888		9. AGE (to years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAW MILL OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) HUNNEWELL, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN HAMILTON		13b. MOTHER'S MAIDEN NAME ADDIE DAVIDSON		14. NAME OF HUSBAND OR WIFE ETTA MAE HAMILTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-38-6434		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Etta Mae Hamilton New Jordan 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis; posterior myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 22 days	
		ANTECEDENT CAUSES 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? 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)		4201 1	
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 3-7-58 , 19___, to 3-28-58 , 19___, that I last saw the deceased alive on 3-28-58 , 19___, and that death occurred at ___ m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) Q.D.				23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 3-31-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31-58	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.		24d. LOCATION (City, town, or county) (State) FRANKFORD Mo		
DATE REC'D BY LOCAL REG. 3-31-58		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 3 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1950

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 Law Fields Negason

Licensed Embalmer No. 4093

P. O. Address Frankford

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.