

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018780  
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Avilla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Avilla</b> <b>0490</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Length of stay in 1b <b>40 years</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>NANCY ELIZABETH HAMILTON</b>			4. DATE OF DEATH Month Day Year <b>May 4, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 13, 1869</b>
9. AGE (In years last birthday) <b>88</b>		FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>housewife (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Rone Co. Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Jacob M. Cobb</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary E. Temple</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Hamilton</b>	
15. WAS DECEASED EVER IN U.-S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Mary Mc Kinley, Avilla, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute ventricular (left) failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5-10 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>4342</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>2-15-58</b> , to <b>5-4-58</b> and last saw her alive on <b>5-1-58</b> Death occurred at <b>12:05 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Raymond C. Carlson DO</b>		22b. ADDRESS <b>Golden City Mo</b>	22c. DATE SIGNED <b>5-5-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>May 6, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jasper County Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Knell Mortuary, Carthage, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-58</b>	26. REGISTRAR'S SIGNATURE <b>W. Clinton</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300  
57  
All diseases in Part I must be causally related.  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert H. Knell .....

Licensed Embalmer No. 4459 .....

P. O. Address Carthage .....

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.