

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027956  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 38-1 Primary Registration District No. 4515 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Milan</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Osgood 1050</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>S.C.M. Hospital 10da.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <i>GEORGE ARCHABALD HAMILTON</i>			4. DATE OF DEATH Month Day Year <i>7-31-58</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 7 1891</i>
9. AGE (In years last birthday) <i>66</i>		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) <i>Labour.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Moran Co. Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>John Hamilton</i>	
13b. MOTHER'S MAIDEN NAME <i>Lilly Clark</i>		13c. NAME OF HUSBAND OR WIFE <i>Irma Muehr Hamilton</i>	
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 <i>Mrs Irma Hamilton</i>		Address <i>Osgood MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>broncho-pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3da</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <i>adenocarcinoma of Prostate</i>			<i>3mo</i>
DUE TO (c)			
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 <i>5/1/58</i> to <i>7/31/58</i> and last saw him alive on <i>7/31/58</i> Death occurred at <i>710/10 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. Harris</i> (Degree or title) <i>Dr.</i>		22b. ADDRESS <i>Harris MO</i>	22c. DATE SIGNED <i>8/1/58</i> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-3-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hamilton Cem.</i>	23d. LOCATION (City, town, or county) <i>Modena MO.</i>
24. FUNERAL DIRECTOR <i>P. R. Payne</i> ADDRESS <i>Don Salt MO</i>		25. DATE RECD. BY LOCAL REG. <i>8-4-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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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 *PK 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.