Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029924
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 278 Primary Registration District No. 5957 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: EOLIA — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: EOLIA — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

0820

3. NAME OF DECEASED (Type or print): First CHARLES Middle FRANCIS Last HAMILTON

4. DATE OF DEATH: Month Aug Day 22 Year 58

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: APRIL 15 1889
9. AGE (In years last birthday): 69 — If UNDER 1 YEAR: Months 4 Days 7 — 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): EOLIA MO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWIN HAMILTON
14. MOTHER'S MAIDEN NAME: MOLLIE BEALL

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.: 488-26-0955
17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic carcinoma to lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adenocarcinoma of prostate
DUE TO (c): 177 X

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 ☐ NO ☒ 2

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 8-22-57, to 8-22-58 and last saw ~~her~~ him alive on 7-14-58
Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas H Lemuller (Degree or title) M.D.
22b. ADDRESS: Louisiana, Missouri
22c. DATE SIGNED: 8-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Aug 24-58
23c. NAME OF CEMETERY OR CREMATORY: EOLIA CEMETARY
23d. LOCATION (City, town, or county) (State): EOLIA MISSOURI

24. FUNERAL DIRECTOR: G. O. M. Collier — ADDRESS: LOUISIANA Mo
25. DATE RECD. BY LOCAL REG.: Aug 23-58
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

374

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.