

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033831  
STATE FILE NUMBER

|   |                                  |   |  |   |   |   |  |
|---|----------------------------------|---|--|---|---|---|--|
| FILED OCT 2 1958  |                                  | Registration District No. 294   |  | Primary Registration District No. 3056  |   | Registrar's No. 204   |  |
| 1. PLACE OF DEATH   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |   |  |
| a. COUNTY <b>Randolph</b>   |                                  |   |  | a. STATE <b>Missouri</b> b. COUNTY <b>Rand.</b>                                       |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moberly</b>   |                                  | Inside Limits-<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Moberly</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hosp.</b>  |                                  | Length of stay in lb <b>4 days</b>  |  | d. STREET ADDRESS <b>903 N. Ault St.</b> (If outside, give location)                  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print)   |                                  |   |  | 4. DATE OF DEATH  |   |   |  |
| First <b>Bert</b> Middle <b>B.</b> Last <b>Hamilton</b>   |                                  |   |  | Month <b>9/</b> Day <b>19/</b> Year <b>58</b>   |   |   |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/23/1883</b>   | 9. AGE (In years last birthday)<br><b>75</b>  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Kenick Missouri</b>                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13. FATHER'S NAME<br><b>William Z. Hamilton</b>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Lucina Spurling</b>                                    |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>469-32-0377</b>   |  | 17. INFORMANT<br><b>Bessie F. Hamilton</b> Address <b>Moberly</b>                     |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Leukemia</b>  |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 hrs</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Partial obstruction of Intestine</b>  |                                  |   |  |   |   | <b>unknown</b>  |  |
| DUE TO (c) <b>Bleeding of Intestine</b>   |                                  |   |  |   |   | <b>unknown</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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour <b>5:00 P.</b> Month <b>9</b> Day <b>19</b> Year <b>58</b>  |                                  |   |  |   |   |   |  |
| 20d. INJURY OCCURRED<br>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  |  |
|   |                                  |   |  | <b>Hunterville Mo</b>   |   | <b>9-23-58</b>  |  |
| 21. I attended the deceased from <b>Sept 19, 1958</b> to <b>Sept 19, 1958</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Sept 19, 1958</b><br>Death occurred at <b>4:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |   |  |
| 22a. SIGNATURE (Doctor or title)<br><b>Morris C. Copley D.O.</b>  |                                  |   |  | 22b. ADDRESS<br><b>Hunterville Mo</b>   |   | 22c. DATE SIGNED<br><b>9-23-58</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE   |  | 23c. NAME OF CEMETERY OR CREMATORY  |   | 23d. LOCATION (City, town, or County) (State)   |  |
| <b>Burial</b>   |                                  | <b>9/21/58</b>  |  | <b>Oakland Cemetery</b>   |   | <b>Moberly, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Marion E. Million</b> ADDRESS <b>Moberly, Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-21-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Leah B. Bower</b>                             |   |  |

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300 1-56  
 All diseases in Part I must be causally related. Cause cancer certify to a death due to natural causes.  
 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. Cause cancer certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

