

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010189  
File No. 22

FILED APR 2 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mill Grove R.R.#1</b>	c. LENGTH OF STAY (In this place) <b>12-yrs</b>	c. CITY OR TOWN <b>R.R.#1 Mill Grove</b>	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 <b>Rural</b>		e. STREET ADDRESS (If rural, give location) *****	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Agusta</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Hamilton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 20 59</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec. 13-1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Amos Downey (dec.)</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Powers (dec.)</b>	14. NAME OF HUSBAND OR WIFE <b>James Albert Hamilton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bonnie Ellsworth- RR.I*Mill Grove</b>	ADDRESS <b>RR.I*Mill Grove</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerous</b> <b>about one eye.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) <b>4500</b>
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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?
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22. I hereby certify that I attended the deceased from April, 1957, to Feb. 20, 1959, that I last saw the deceased alive on Feb. 19, 1959, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.H. Oellers M.D. C.</b>	23b. ADDRESS <b>Princeton Mo.</b>	23c. DATE SIGNED <b>Feb. 21-1959</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb. 22-1959</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hamilton Gemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer County **Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/25-59</b>	REGISTRAR'S SIGNATURE <b>Paul [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Funeral Home--Princeton -Mo.</b>	ADDRESS <b>Princeton -Mo.</b>
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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... *LE Agnew* .....

Licensed Embalmer No. 5020

P. O. Address Princeton Mo.

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.