

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024128

FILED VS JUL 20 1959

38

Registration District No. 3006

Primary Registration District No. 315

STATE FILE NUMBER

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		a. STATE Mo.		b. COUNTY Boone	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B. County Hospital		Length of stay in lb 2 days		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route 6		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Howard		Middle Brown		Last Hamilton		Month Day Year 7 13 59	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/08	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) University of Mo.			10b. KIND OF BUSINESS OR INDUSTRY Maintenance	11. BIRTHPLACE (City and state or country) Fulton, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Martin L. Hamilton			13b. MOTHER'S MAIDEN NAME Marie Nesbit		14. NAME OF HUSBAND OR WIFE Mary Frances Hamilton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. 573-30-5104		17. INFORMANT Mary Frances Hamilton Address Columbia, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Infarction							2 days
DUE TO (b) Coronary Thrombosis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. - p.m.		Month, Day, Year					
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 December 1958 to 13 July 1959 and last saw her him alive on 13 July 1959 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) James C. Dunninghoff MD				21b. ADDRESS 1009 Cherry, Columbia		21c. DATE SIGNED 14 July 59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE 7/15/59		22c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		22d. LOCATION (City, town, or county) (State) Columbia, Missouri	
24. FUNERAL DIRECTOR Lyman Sprinkle				25. DATE RECD. BY LOCAL REG. July 15 1959		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 23 1959

JUL 21 1959

JUL 25 1959

JUL 29 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Lyman H. Sprink

Signature of Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia

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.