

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043190

FILED VS NOV 25 1959

374

39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		c. CITY OR TOWN <u>Grant City</u>	
Length of stay in 1b <u>2 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grant City Nursing Home</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>O.</u> Last <u>Hamilton</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>3</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-31-1892</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>66</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tenant</u>	
11. BIRTHPLACE (City and state or country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Benjamin Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Murry Robertson</u>	
14. NAME OF HUSBAND OR WIFE <u>Elsie Wier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>William Hamilton-Grant City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY FAILURE</u> DUE TO (b) <u>METASTATIC CARCINOMA</u> DUE TO (c) <u>CARCINOMA OF PROSTATE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MARKED ANEMIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u> <u>1 YEAR</u> <u>5 YEARS</u>
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 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 Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	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.) <u> </u>	20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>APRIL 1959</u> to <u>MAY 3, 1959</u> and last saw her/him alive on <u>OCTOBER 30, 1959</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Richard J. Smith</u>		22b. ADDRESS <u>GRANT CITY MO</u>	
22c. DATE SIGNED <u>11-3-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Nov. 5, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shepherd Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Gentry County, Missouri</u>		(State) <u> </u>	
24. FUNERAL DIRECTOR <u>Edgar Dwyer - Grant City</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 21-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Bowdoy Kida</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Bill A. Dwyer

Licensed Embalmer No. 4908

P. O. Address San Francisco

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.