

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015969

FILED VS. MAY 3 1960 / 72

Registration District No. _____ Primary Registration District No. 3034 Registrar's No. 44

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION 519 West 26th. Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 519 West 26th. Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Joseph Middle William Last Hamilton			4. DATE OF DEATH Month 4 Day 25 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-1880	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 1 Days 28		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Mining			10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (City and state or country) London, England		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph W. Hamilton			13b. MOTHER'S MAIDEN NAME Mary C. Camp			14. NAME OF HUSBAND OR WIFE Jessie Estelle Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Dan B. Thieman Address Higginsville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema						INTERVAL BETWEEN ONSET AND DEATH 10 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Constrictive heart failure						10 hrs.		
DUE TO (c) ACU Disease						Years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility						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 _____ Month, Day, Year _____ s.m. _____ p.m. _____								
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 1958 to 4-25-60 and last saw ^{her} him alive on 4-25-60 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS Higginsville, Mo.			22c. DATE SIGNED 4-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-27-1960	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Higginsville		STATE Missouri	
24. FUNERAL DIRECTOR Forrest A. Hoefler ADDRESS Higginsville, Mo.				25. DATE RECD. BY LOCAL REG. April 30.60		26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0001 02 1000

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 _____
Signature of Student Embalmer

Signed Forest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address Higginsville, M

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.