

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026592

FILED VS AUG 15 1960

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GRUNDY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb 25yrs		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 E 11th St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 307 E 11th St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ella Middle Matilda Last Hamilton				4. DATE OF DEATH Month Aug Day 1 Year 1960					
5. SEX Female		6. COLOR OR RACE (W)		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 10, 1872		9. AGE (last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker			10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) New Jersey		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Franklin Fertie			13b. MOTHER'S MAIDEN NAME MARY Bishop			14. NAME OF HUSBAND OR WIFE John Jacob Hamilton			
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 Clinton Hamilton Trenton 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) Carcinoma of Pancreas							INTERVAL BETWEEN ONSET AND DEATH 3 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 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 _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) May 1st 1960		20f. CITY, TOWN, OR LOCATION Aug 1st 1960		COUNTY Grundy			STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Oliver F. Jeffrey (Degree or title)				22b. ADDRESS Trenton Mo Aug 5th 1960		22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Aug 3, 1960	23c. NAME OF CEMETERY OR CREMATORY Humphrey Cemetery Humphrey		23d. LOCATION (City, town, or county) Mo.			23e. STATE	
24. FUNERAL DIRECTOR W. D. Dull		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-9-60		26. REGISTRAR'S SIGNATURE J. J. Saw			

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Robert H. Campbell*

Licensed Embalmer No. 498

P. O. Address *State*

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.