

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037528

FILED VS OCT 31 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1109 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u>		Length of stay in lb <u>6 mos.</u>	c. CITY OR TOWN <u>Skidmore</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last
OLIVER BERT HAMILTON

4. DATE OF DEATH Month Day Year
10-19-1960

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 10-25-1877 9. AGE (last birthday) 82

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Produce Dealer

10b. KIND OF BUSINESS OR INDUSTRY Produce 11. BIRTHPLACE (City and state or country) unknown

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Mrs. Roda 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. unknown 17. INFORMANT Address
Mrs. Roda Hamilton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis, Coronary Artery INTERVAL BETWEEN ONSET AND DEATH 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 20 yrs

DUE TO (c) Secondary anemia due to malnutrition 6 mos

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 4-22-1960 to 10-19-1960 and last saw her/him alive on 10-19-1960
Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Mohammed Taher M.D.

22b. ADDRESS
St. Joseph State Hospital St. Joseph, Mo

22c. DATE SIGNED
10-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10-21-1960

23c. NAME OF CEMETERY OR CREMATORY
Hillcrest Cem - Skidmore, Mo.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS
Thomas Samuel Hamer Maryville, Mo.

25. DATE RECD. BY LOCAL REG.
Oct. 24, 1960

26. REGISTRAR'S SIGNATURE
Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Tahir, M.D.

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 G. M. Atchison

Licensed Embalmer No. 22
P. O. Address Maryland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.