

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000432

STATE FILE NUMBER

FILED VS JAN 25 1961

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 6

AMENDED

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>			Length of stay in 1b <b>18 DAYS</b>		c. CITY OR TOWN <b>PORTAGEVILLE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>ROUTE ONE, BOX 181</b>	
3. NAME OF DECEASED (Type or print) First <b>RUSSELL</b> Middle <b>JERRY</b> Last <b>HAMILTON, JR.</b>				4. DATE OF DEATH <b>JANUARY 1, 1961</b> Month Day Year			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-19-06</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>		11. BIRTHPLACE (City and state or country) <b>MARSTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>RUSSELL J. HAMILTON, SR.</b>			13b. MOTHER'S MAIDEN NAME <b>LILLIE B. EVANS</b>			14. NAME OF HUSBAND OR WIFE <b>DOLLIE HAMILTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>RTE #1 BOX 181</b> <b>DOLLIE HAMILTON, WIFE, PORTAGEVILLE, MO.</b>		
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)			<b>POST-OPERATIVE HEMORRHAGE - SHOCK.</b>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>HYPO PROTHROMBINOPENIA.</b>				
			DUE TO (c) <b>LIVER FAILURE DUE TO DIFFUSE CARCINOMA OF LIVER.</b>				
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 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 <b>Dec. 14, 1960</b> to <b>Jan. 1, 1961</b> and last saw her alive on _____				Death occurred at <b>5:16 PM</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Irving B. Majors, M.D., Chief, Surgical Svc. VA Hospital, Poplar Bluff, Mo.</b>				22b. ADDRESS		22c. DATE SIGNED <b>1/9/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/7/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery Near Pt. Pleasant, Mo.</b>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <b>Richards</b>		ADDRESS <b>New Madrid, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1/10/61</b>	26. REGISTRAR'S SIGNATURE <b>R. Muettee</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ

VS JAN 20 1961

**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 Sam Hedgepeth

Licensed Embalmer No. 5100

P. O. Address New Madrid,

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.