SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013036
STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 42

FILED MAY 3 1961

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty
Length of stay in 1b: 7 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: I.O.O.F. Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: New Mexico
b. COUNTY: Berandillo
c. CITY OR TOWN: Albuquerque
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1205 Kentucky N. E.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Homer Middle Lewis Last Hamilton
4. DATE OF DEATH: Month April Day 6, Year 1961
5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-20-83
9. AGE (last birthday): 77
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and state or country): Smithville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Hamilton
13b. MOTHER'S MAIDEN NAME: Nancy Spencer
14. NAME OF HUSBAND OR WIFE: Vanda A. Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unkown
17. INFORMANT: C. B. Hamilton Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): encephalomalacia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary occlusion 4 weeks ago
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 a.m. p.m. Month, Day, Year
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 October 1960 to and last saw him alive on April 5 61
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Wm H Gaskson MD
22b. ADDRESS: Liberty Mo
22c. DATE SIGNED: 4/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 8, 61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Smithville, Missouri
24. FUNERAL DIRECTOR: McComas Funeral Home ADDRESS: Smithville, Mo.
25. DATE REC'D BY LOCAL REG.: 4-28-61
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DOCUMENT BY AFFIDAVIT OF DATE AMENDED

MAY 22 1961

AUG 10 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_____ Signed Donald W. Hawks

Signature of Student Embalmer

Licensed Embalmer No. H 528

P. O. Address Smithville, Mo

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