SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016371
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 106

FILED MAY 31 1961

1. PLACE OF DEATH
a. COUNTY Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico
Length of stay in Ib Yrs

c. CITY OR TOWN Mexico
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Allen Nursing Home
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LENA Middle Last HAMILTON

4. DATE OF DEATH Month May Day 26, Year 1961.

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-14-74

9. AGE (last birthday) 87

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) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kentucky

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME W. S. Hamilton

13b. MOTHER'S MAIDEN NAME Margaret Bruce

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address Miss Lillian B. Johnson, Mexico, Mo

MEDICAL CERTIFICATION

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)	Cerebral Vascular accident	1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	years
DUE TO (c)	Generalized arteriosclerosis	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic Heart Disease

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 1955 to death and last saw her ~~him~~ alive on 5-26-61
Death occurred at 6:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Konard Shaw Jr MD

22b. ADDRESS Mexico Mo

22c. DATE SIGNED 5-27-61

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

23b. DATE 5-29-61

23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Mexico, Mo

25. DATE RECD. BY LOCAL REG. May 27-1961

26. REGISTRAR'S SIGNATURE Blanche Keely

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
ITEM NO.
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 me, or by Connie L. Pickering, Student Embalmer No. 633 working under ~~my~~ personal supervision.

Student Connie L. Pickering
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3564

P. O. Address Medici

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.