

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026049

STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 246 Registrar's No. 52

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Latham, Mo</u>		Length of stay in 1b <u>5 Yrs</u>	c. CITY OR TOWN <u>Latham, Mo</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home-Latham Star Rt.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Latham Star Rt.</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Howard</u> Last <u>Hamilton</u>		4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/24/06</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operating Eng</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blade Operator</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>
13a. FATHER'S NAME <u>Gasham Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Woodard</u>	14. NAME OF HUSBAND OR WIFE <u>Verda Hamilton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Verda Hamilton Latham Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
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 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 <u>death when first seen.</u> and last saw her <u>him</u> live on _____ Death occurred at <u>11:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D. Coroner</u>		22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>7-5-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Latham Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Latham, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Bowlin Funeral Home-California, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-6-61</u>	26. REGISTRAR'S SIGNATURE <u>Alex L. Popojay</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7/19/61

INSTEAD OF Female

SHOULD READ Male

DOCUMENT

Informant

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1961 6 T 70F SA

MAR 13 1962

1961 6 T 70F

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 John Bowlin, Student Embalmer No. 614  
working under my personal supervision.

Student John R Bowlin  
Signature of Student Embalmer

Signed John Bowlin

Licensed Embalmer No. 2121

P. O. Address California

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.