

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028201

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 9

FILED AUG 1 1961

a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST BENTON TWP		a. STATE Mo.	b. COUNTY WEBSTER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2-S MISE DIGGINS MO		c. CITY OR TOWN MARSHFIELD	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM OTHO HAMILTON		d. STREET ADDRESS ROUTE 4	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUN 8, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STANDARD OIL AGENT		10b. KIND OF BUSINESS OR INDUSTRY WEBSTER Co., MO.	9. AGE (last birthday) 35
13a. FATHER'S NAME JAMES H. HAMILTON		13b. MOTHER'S MAIDEN NAME MERVA JANE SMITH	14. NAME OF HUSBAND OR WIFE CHARLENE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		17. INFORMANT MRS. CHARLENE HAMILTON MARSHFIELD, MO.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by Smoke DUE TO (b) Third Degree Burns Over Entire Body DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Oil Truck Wrecked & Burned	
20c. TIME OF INJURY 1:00 p.m.	Month, Day, Year 7-20-61		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Country Road	20f. CITY, TOWN, OR LOCATION 8-5 MISE DIGGINS, Webster	COUNTY WEBSTER
21. I attended the deceased from about to _____ and last saw her/him alive on _____ Death occurred at about 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oral Edward Coroner		22b. ADDRESS Marshfield MO	22c. DATE SIGNED 7/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-22-61	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL	23d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.
24. FUNERAL DIRECTOR Robert Bergman, Bergman, mo.		25. DATE RECD. BY LOCAL REG. JULY 26-1961	26. REGISTRAR'S SIGNATURE Opal M. Good

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 AUG - 4

AUG 1 1961

AUG 8 1961

AUG 7 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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

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.