

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036149

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 427 STATE FILE NUMBER

AMENDED

FILED OCT 30 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a: STATE <u>Missouri</u> COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Scott City</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SEMO Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>_____</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) <u>(1st & TWIN BOYS) HAMILTON</u> | | | 4. DATE OF DEATH <u>Oct 15, 1961</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 15, 1961</u> | 9. AGE (last birthday) <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u> | 11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |

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| 13a. FATHER'S NAME <u>Lewis Hamilton</u> | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Clark</u> | 14. NAME OF HUSBAND OR WIFE <u>_____</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> | 16. SOCIAL SECURITY NO. <u>_____</u> | 17. INFORMANT <u>Lewis Hamilton</u> Address <u>Scott City, Mo</u> |

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| 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 <u>1 hr</u> |
| IMMEDIATE CAUSE (a) <u>prematurity 5 1/2 mos.</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 |

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|--|---|--|
| 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 _____ | 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 150 Oct 61 to 15 Oct 61 and last saw him alive on 15 Oct 61
 Death occurred at 10:10a on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Washley J MD</u> | 22b. ADDRESS <u>Cape Girardeau Mo</u> | 22c. DATE SIGNED _____ |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10/16/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u> |
| 23d. LOCATION (City, town, or county) (State) <u>Scott City, Missouri</u> | | 24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u> ADDRESS <u>_____ Mo</u> |
| 25. DATE RECD. BY LOCAL REG. <u>10-26-61</u> | 26. REGISTRAR'S SIGNATURE <u>Lynn Kasten</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 ^{Not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo. 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.