SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-041833

STATE FILE NUMBER

AMENDED

Registration District No. 247 Primary Registration District No. 5840 Registrar's No. 27

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Newton

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren Twp. Rt #2 Pierce City — Length of stay in 1b years

c. CITY OR TOWN Pierce City Van Buren Twp. — Inside Limits Yes ☐ No ☒

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

d. STREET ADDRESS (If outside, give location) Rt #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Jackson Last Hamilton

4. DATE OF DEATH Month Nov. Day 14, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH 5-8-1891

9. AGE (last birthday) 70 — 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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and state or country) Ritchey

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Andy J. Hamilton

13b. MOTHER'S MAIDEN NAME UK

14. NAME OF HUSBAND OR WIFE Madandy Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Madandy Hamilton Piercey City

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)	Myocardial failure	2 hours
DUE TO (b)	Chronic myocarditis	unknown
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ 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 (One visit only) and last saw her/him alive on November 11, 1961

Death occurred at 5:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Dr

22b. ADDRESS Granby, Missouri

22c. DATE SIGNED 11-17-61

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

23b. DATE 11-17-1961

23c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home, Granby, Missouri

25. DATE RECD. BY LOCAL REG. Nov. 17, 1961

26. REGISTRAR'S SIGNATURE M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1961

DEC 22 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 Floyd E. Steumabed

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby

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.