

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002268

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 71

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 14 yrs	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 740 New Hampshire Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLYDE Middle EDWIN Last HAMILTON			4. DATE OF DEATH Month January Day 30 , Year 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration Engineer- Gateway Creamery		10b. KIND OF BUSINESS OR INDUSTRY Colony, Kansas	11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Andrew Hamilton		13b. MOTHER'S MAIDEN NAME Julia Hogbin	
14. NAME OF HUSBAND OR WIFE Nadene (Guston) Hamilton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. I	16. SOCIAL SECURITY NO. Unk	17. INFORMANT Address Mrs. Nadene Hamilton, 740 New Hampshire Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute heart failure Chronic myocarditis with myocardial infarction about one year ago. DUE TO (b) Contributing: Bleeding duodenal ulcer and DUE TO (c) Chr. Generalized osteoarthritis of several years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) duration (Confined to bed for past two years because of this) 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					INTERVAL BETWEEN ONSET AND DEATH 72 hours
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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.) (Under my care for 6 yrs)	20f. CITY, TOWN, OR LOCATION Joplin, Mo.		COUNTY	STATE	
21. I attended the deceased from 5-10-61 to 1-30-62 and last saw ^{her} him alive on 1-30-62 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <i>B. Earl Star</i>	22b. ADDRESS DeTar Clinic, 410 Jackson	22c. DATE SIGNED 1-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-2-1962	23c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY,	23d. LOCATION (City, town, or county) GALENA, KANSAS	(State)	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 2-5-1962	26. REGISTRAR'S SIGNATURE <i>Nooe Merriam</i>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

FEB 15 1962

FEB 19 1962

MAY 3 1962

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 Harvey C. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.