

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047617

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 250

FILED DEC 19 1962

VS 300  
Rev. 4/59

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131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <b>Livingston</b>		a. STATE <b>Missouri</b> COUNTY <b>Livingston</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		Length of stay in 1b <b>16 Years</b>		c. CITY OR TOWN <b>Chillicothe</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>201 Cherry Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>201 Cherry Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Wayne</b> Last <b>Hamilton</b>			4. DATE OF DEATH Month <b>December</b> Day <b>14</b> Year <b>1962</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>30 Sep 16 46</b>		9. AGE (last birthday) <b>16</b>		IF UNDER 1 YEAR Months <b>16</b> Days <b>16</b> Hours <b>16</b> Min. <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>		11. BIRTHPLACE (City and state or country) <b>Shelby, Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Herbert W. Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Fox</b>	
14. NAME OF HUSBAND OR WIFE <b>Wilma E. Hamilton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		17. INFORMANT Address <b>Mrs. Wilma E. Hamilton, Chillicothe Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal cause)			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <b>Shock</b>			<b>immed.</b>		
DUE TO (b) <b>Internal + External Hemorrhage</b>			<b>immed.</b>		
DUE TO (c) <b>Gunshot wound</b>			<b>immed.</b>		
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>self inflicted gunshot wound</b>	
20c. TIME OF INJURY Hour <b>8</b> p.m. Month, Day, Year <b>12-14-62</b>		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.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Chillicothe, Livingston</b>		COUNTY <b>Livingston</b>		STATE <b>MO.</b>	
21. I attended the deceased from <b>never</b> to <b>never</b> and last saw her/him alive on <b>80</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <b>J. B. Weeber D.O. Coroner</b>		
22b. ADDRESS <b>901 Jackson Chillicothe MO</b>			22c. DATE SIGNED <b>12-17-62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>17 Dec 62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resthaven Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Chillicothe, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>Dec. 17, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Norman Funeral Home, Chillicothe, Mo.</b>					

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DEC 21 1962

~~DEC 26 1962~~

JAN 2 1963

**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 *E. P. ...*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.