

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 14 1994

DELAYED 235020 124 - 45 - 042832

REGISTRATION DISTRICT NO.

REGISTRAR'S NUMBER

DO NOT WRITE
 ON THIS STUB

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK.
 FOR
 INSTRUCTIONS
 SEE OTHER SIDE
 AND HANDBOOK.

5a
 7 - cy
 7 - st

9b

9a

9c

10

12b

12a

13a

13b

13c & f

13e

13g

14

15

16

22b

23u

23 - sc1

23 - sc2

27d

27e - 1

27g - st

27g - co

27g - cy

29a

29b

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)
ALFRED L HAMILTON

2. SEX
MALE

3. DATE OF DEATH (Month, Day, Year)
DECEMBER 31, 1945

4. SOCIAL SECURITY NO.

5a. AGE - Last Birthday (Years)
90

5b. UNDER 1 YEAR
 MONTHS DAYS

5c. UNDER 1 DAY
 HOURS MINUTES

6. DATE OF BIRTH (Month, Day, Year)
SEPT 2, 1855

7. BIRTHPLACE (City and State or Foreign Country)
HARRISON COUNTY MISSOURI

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
 Yes No Unk.

9a. PLACE OF DEATH (check only one; see instructions on other side)
HOSPITAL: Inpatient ER/Outpatient DOA **OTHER:** Nursing Home Residence Other (specify)

9b. FACILITY NAME (If not institution, give street and number)
RURAL ROUTE

9c. CITY, TOWN, OR LOCATION OF DEATH
MOUNT MORIAH

9d. COUNTY OF DEATH
HARRISON

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
WIDOWED

11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name)

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
FARMER

12b. KIND OF BUSINESS OR INDUSTRY
AGRICULTURE

13a. RESIDENCE - STATE
MISSOURI

13b. COUNTY
HARRISON

13c. CITY, TOWN, OR LOCATION
MOUNT MORIAH

13d. ZIP CODE
64665

13e. STREET AND NUMBER

13f. INSIDE CITY LIMITS
 Yes No

13g. YEARS AT PRESENT ADDRESS
 Under 5 5-9 10-19 20 or more

14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 No Yes Specify:

15. RACE - American Indian, Black, White, etc. (Specify)
WHITE

16. DECEDENT'S EDUCATION (Specify only highest grade completed)
 Elementary/Secondary (0-12) **UNKNOWN** College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last)
HENRY COLLINS HAMILTON

18. MOTHER'S NAME (First, Middle, Maiden Surname)
CATHERINE HICKMAN

INFORMANT

19a. INFORMANT'S NAME (Type/Print)
FLORENCE M DINSMORE

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4007 NORTH HOLMES KANSAS CITY MO 64116

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify)
BURIAL

20b. DATE OF DISPOSITION (Month, Day, Year)
JAN 1, 1946

20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
SHARON CHAPEL CEMETERY

20d. LOCATION - City or Town, State
MOUNT MORIAH MISSOURI

CAUSE OF DEATH

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Claude S. S. S.

22a. NAME AND ADDRESS OF FACILITY
LOGAN & DEPOT STOKLASA MEMORIAL CHAPEL CAINSVILLE MO

22b. FUNERAL ESTABLISHMENT LICENSE NUMBER
1548

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **RECORDS NOT AVAILABLE**

DUPLICATE TO (OR AS A CONSEQUENCE OF):

SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?
 Yes No Unk.

25a. WAS AN AUTOPSY PERFORMED?
 Yes No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
 Yes No

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. MANNER OF DEATH
 Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide

27a. DATE OF INJURY (Month, Day, Year)

27b. TIME OF INJURY
M

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent)
 Yes No Unk.

27d. INJURY AT WORK?
 Yes No Unk.

27e. DESCRIBE HOW INJURY OCCURRED

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Filed on the basis of
 date on tombstone &
 copy of obituary from
 Bethany Republican-
 Passed away Dec 31, 1945

CERTIFIER

28a. (Specify)
 CERTIFYING PHYSICIAN
 MEDICAL EXAMINER/CORONER

28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
 (Signature and Title) **Deceased**

28c. DATE SIGNED (Month, Day, Year)

28d. TIME OF DEATH
M

29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

29b. MO. LICENSE NUMBER

30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?
 Yes No

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

32. REGISTRAR'S SIGNATURE

33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)

FOR USE BY PHYSICIAN OR INSTITUTION
 NAME OF DECEDENT

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 _____

Licensed Embalmer No. _____

P.O. Address _____

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.

INSTRUCTIONS FOR SELECTED ITEMS

Item 9a - Place of Death

If the death was pronounced in a hospital, check the box indicating the decedent's status at the institution (inpatient, emergency room/outpatient, or dead on arrival (DOA)). If death was pronounced elsewhere, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If other is checked, specify where death was legally pronounced, such as a physician's office, the place where the accident occurred, or at work.

Item 13a-g - Residence of Decedent

Residence of the decedent is the place where he or she actually resided. This is not necessarily the same as "home state," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as the place of residence. If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in items 13a through 13g. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Do not use an acute care hospital's location as the place of residence for any infant.

Item 23 - Cause of Death

The cause of death means the disease, abnormality, injury or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. In Part I the immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify. In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

SEE EXAMPLES BELOW.

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE <i>(Final disease or condition resulting in death)</i> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	a.	Rupture of myocardium DUE TO (OR AS A CONSEQUENCE OF):				Mins.		
	b.	Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF):				6 days		
	c.	Chronic ischemic heart disease DUE TO (OR AS A CONSEQUENCE OF):				5 years		
	d.	_____ DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes, Chronic obstructive pulmonary disease, smoking						24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	25a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year) 	27b. TIME OF INJURY _____ M.	27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	27d. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	27e. DESCRIBE HOW INJURY OCCURRED 		
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify) _____				27g. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____				

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE <i>(Final disease or condition resulting in death)</i> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	a.	Cerebral laceration DUE TO (OR AS A CONSEQUENCE OF):				10 mins.		
	b.	Open skull fracture DUE TO (OR AS A CONSEQUENCE OF):				10 mins.		
	c.	Automobile accident DUE TO (OR AS A CONSEQUENCE OF):				10 mins.		
	d.	_____ DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year) 11/15/85	27b. TIME OF INJURY 1 p. M.	27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	27d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	27e. DESCRIBE HOW INJURY OCCURRED 2-car collision-driver		
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify) Street				27g. LOCATION (Street and Number or Rural Route Number, City or Town, State) Route 4, Jefferson City, Missouri				