

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7966**

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 4214		Registrar's No. 447				
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		0429				
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) Harry Ellsworth Hamilton			a. (First) Harry Ellsworth			b. (Middle) Hamilton				
c. (Last)			4. DATE OF DEATH Feb 12, 1955		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 14, 1890		9. AGE (in years last birthday) 64		IF UNDER 1 YEAR Months 3 Days 28		IF UNDER 2 HRS. Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (City and State or Foreign Country) Deepwater Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry E Hamilton			13b. MOTHER'S MAIDEN NAME Sarah Manbeck			14. NAME OF HUSBAND OR WIFE Carrie May Hamilton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 487,26,7385			17. INFORMANT'S SIGNATURE OR NAME Mrs Carrie Hamilton			ADDRESS Deepwater Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis						5 da		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						3 yr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491x						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 1-24, 1955 , to 2-12, 1955 , that I last saw the deceased alive on 2-12, 1955 , and that death occurred at 7:10 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE Glenn C. Adair (Degree or title) M.D.				23b. ADDRESS Clinton Mo				23c. DATE SIGNED 2-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 15th 55		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Brownington MO MO				
DATE REC'D BY LOCAL REG. Feb-15-55		REGISTRAR'S SIGNATURE Glenn C. Adair		25. FUNERAL DIRECTOR'S SIGNATURE Tom Hunt		ADDRESS Deepwater Mo				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

720

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
Student Embalmer

Signed *Tom Spence*

Licensed Embalmer No. 2292

P. O. Address *Dequator, 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 this body is not embalmed, fact should be so stated above.