

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21210

State File No.

860
1

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5995</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY PUTNAM		b. CITY (If outside corporate limits, write RURAL and give township) SHERMAN TOWNSHIP		a. STATE MISSOURI		b. COUNTY PUTNAM	
c. CITY (If outside corporate limits, write RURAL and give township) RURAL SHERMAN TOWNSHIP		c. LENGTH OF STAY (in this place) 73 years		d. STREET ADDRESS (If rural, give location) POWERSVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION POWERSVILLE		d. STREET ADDRESS (If rural, give location) POWERSVILLE					
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) FLORENCE	b. (Middle) ALMA	c. (Last) HAMILTON	Date JUNE 10 1950	Month JUNE	Day 10	Year 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 15 1863	9. AGE (In years last birthday) 86	if UNDER 1 YEAR Months 7	Days 25	if UNDER 24 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) QUINCY ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LORENZO DOW MAHONEY		13b. MOTHER'S MAIDEN NAME MARTHA DELAY		14. NAME OF HUSBAND OR WIFE SAMUEL N HAMILTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS PAUL VALENTINE POWERSVILLE, MO.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				331Y	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>May 11, 1950</u> , to <u>June 10, 1950</u> , that I last saw the deceased alive on <u>June 9, 1950</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.W. McDonald				23b. ADDRESS Box 2 Unionville Mo		23c. DATE SIGNED 6-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 12 1950	24c. NAME OF CEMETERY OR CREMATORY WEST LIBERTY CEMETERY		24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI		
DATE REC'D BY LOCAL REG. 6-17-50		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME		ADDRESS BY J.W. Comstock UNIONVILLE, MO.	

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

RECEIVED JUN 20 1950
District Health Officer No. 10
District File Number 6-50-1014
Date Filed JUN 20 1950

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 Richard T. Cassidy

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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.