

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17358

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo. 0210</u>	
c. LENGTH OF STAY (in this place) <u>12-years</u>		d. STREET ADDRESS (If rural, give location) <u>510-Cleveland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510-Cleveland Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>510-Cleveland Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>E.</u> b. (Middle) <u>Hubbard</u> c. (Last) <u>Hamilton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 th, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1st, 1880</u>
9. AGE (In years) (If under 1 year last birthday) <u>72</u>		10. MONTHS <u>8</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired County Treasurer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Office</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. N. Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Parks</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Hamilton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>487-12-9934</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Hamilton</u> ADDRESS <u>Salisbury, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic parenchymatous nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <u>260X</u>	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY		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>June 13, 1953</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 11, 1953</u> , and that death occurred at <u>10:20 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl C. Hagen</u>		23b. ADDRESS <u>M.D. Keytesville Mo</u>	
23c. DATE SIGNED <u>6/12/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 13, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury</u>	
24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hyde & Son</u> ADDRESS <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-13-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>55 Keytesville, Mo.</u>	

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

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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 Wilbur K. Tielston

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.