

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4483 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Rutledge,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Hamilton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1955</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>April 2, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>County Dawn, Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Robert Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Girmiff</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Hamilton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>525-22-0265-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Hamilton,</u>	ADDRESS <u>Rutledge, Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES		
	Morbidity 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		
	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"/>
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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) (Min.)	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 4-27-1955, to 4-27-1955 that I last saw the deceased alive on 4-27-1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Lowe, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Memphis, Mo.</u>	23c. DATE SIGNED <u>4-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rutledge, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/3/55</u>	REGISTRAR'S SIGNATURE <u>Vera Turner</u> <u>476</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Baskett</u>	ADDRESS <u>Memphis Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Albert C Genth*.....

Licensed Embalmer No.....

P. O. Address *4757*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.