

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **50505**

FILED OCT 10 1955

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4438		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair					
b. CITY OR TOWN Osceola		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Laura City State R.		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Soddy Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) 0900					
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) A.		c. (Last) Hamilton		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1955			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 29, 1870			
9. AGE (In years last birthday) 85		10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) R.R. section foreman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Great Bend, Kansas			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary retention DUE TO (c) Prostatic hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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. HOW DID INJURY OCCUR?			
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"/>		22. I hereby certify that I attended the deceased from 9-1 , 1955, to 9-29 , 1955, that I last saw the deceased alive on 9-29 , 1955, and that death occurred at 10:45 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. J. Shipman, D.O.				23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 9-30-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Aurvasse		24d. LOCATION (City, town, or county) (State) Aurvasse Mo.			
DATE REC'D BY LOCAL REG. 9-30-55		REGISTRAR'S SIGNATURE Ruth Seewers		25. FUNERAL DIRECTOR'S SIGNATURE D. Emanuel Funeral Home, Osceola, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 4 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.....
Signature of Student Embalmer

Signed *J. B. Goodrich*

Licensed Embalmer No. *9038*

P. O. Address *Oscar*

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.