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

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16129**

BIRTH NO. **37478-56** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>mo</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Trenton</b>		c. CITY OR TOWN <b>Trenton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		f. STREET ADDRESS (If rural, give location) <b>Route 5</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>GAIL FRANCES HAMILTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-22-1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5-2-1956</b>		9. AGE (In years last birthday) <b>20</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Trenton mo.</b>	
13a. FATHER'S NAME <b>James E Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Marsh</b>		14. NAME OF HUSBAND OR WIFE <b>James C. Baker</b>	

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 <b>James E Hamilton Trenton mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital malformation of Heart since Birth as left luv</b>		INTERVAL BETWEEN ONSET AND 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 *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 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) <b>7582</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **5-2**, 19**56**, to **5-22**, 19**56**, that I last saw the deceased alive on **5-22**, 19**56**, and that death occurred at **5:30am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Oliver F. Duffy M.D.</b> (Degree or title)		23b. ADDRESS <b>Trenton Mo. May 25, 1956</b>		23c. DATE SIGNED <b>1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cem.</b>	
24d. LOCATION (City, town, or county) <b>Trenton mo</b>					

DATE REC'D BY LOCAL REG. <b>5/31/56</b>		REGISTRAR'S SIGNATURE <b>Gene Fair</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dr. Payne &amp; Son Galt mo</b>	
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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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*DR Payne J*

Licensed Embalmer No. 34

P. O. Address Galt

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.