

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MERCER			
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) CRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN NEWTOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT Hosp			Length of stay in 1b 4 days		d. STREET ADDRESS (If outside, give location) 8 MILES N. W.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle JANE Last HAMILTON			4. DATE OF DEATH Month JULY Day 21 Year 1957				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 10, 1873		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 10 Days 11 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HARRIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ELAM RUSHTON			14. MOTHER'S MAIDEN NAME MARY KIRKPATRIC				
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 FRED HAMILTON, NEWTOWN, MISSOURI			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gangrene of toes & beginning spots on foot - last progressive for 10 mos DUE TO (c) Amputation above knee left leg on 7-19-57 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 134 yrs KN
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260X				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Dec 13 55 to July 21 57 and last saw her alive on 7/21/57 Death occurred at 1 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS [Address]		22c. DATE SIGNED 7/23/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 23, 1957	23c. NAME OF CEMETERY OR CREMATORY HARRIS CEMATORY		23d. LOCATION (City, town, or county) HARRIS, MISSOURI		
24. FUNERAL DIRECTOR JUDD & PAYNE ADDRESS NEWTOWN, MO.			25. DATE RECD. BY LOCAL REG. 7/23/57		26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

DISEASES IN PART I MUST BE CAUSALLY RELATED.

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AUG 23 1957

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 *T. Howard Jones*

Licensed Embalmer No. 3

P. O. Address *New York*

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