Health, & Welfare
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-022060
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 78

**1. PLACE OF DEATH**
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Freistatt — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location): Crest View Rest Home — Length of stay in this place: 1 Month

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Barry
c. CITY OR TOWN: Seligman — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): N-E of Seligman — Reside on Farm Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: DEMMAH Middle: L. Last: HAMIDTON

**4. DATE OF DEATH** Month Day Year: 6-26-59

**5. SEX**: F.
**6. COLOR OR RACE**: W
**7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐
**8. DATE OF BIRTH**: Dec. 7, 1874
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Teacher
**10b. KIND OF BUSINESS OR INDUSTRY**: Teacher
**11. BIRTHPLACE** (City and state or country): Holden, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Hamilton
**13b. MOTHER'S MAIDEN NAME**: Rebaca Wilcox
**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): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT**: Neva Hamilton, Kansas City, Mo.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis — unknown
DUE TO (c) Decompensation — 26 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**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 6/1/59, to 6/26/59 and last saw her alive on 6/26/59
Death occurred at 7:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Kenneth Glover MD
**22b. ADDRESS**: Mt. Vernon, Mo
**22c. DATE SIGNED**: 6/27/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 6-28-59
**23c. NAME OF CEMETERY OR CREMATORY**: Seligman Cemetery
**23d. LOCATION** (City, town, or county) (State): Seligman, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Doyle E. Williamson, Cassville Mo.
**25. DATE RECD. BY LOCAL REG.**: June 27, 1959
**26. REGISTRAR'S SIGNATURE**: Cecil Hendrick

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 .....
Signature of Student Embalmer

Signed Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.