

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 115

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1963

VS 300
Rev: 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY-AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rock Port.</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Fairfax Hospital</u>		- Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>none</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edith Linda Hamilton</u>			4. DATE OF DEATH Month Day Year <u>12 3 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-17-1882</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days <u>4 16</u>	IF UNDER 24 HR Hours Min. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Litchfield, Ill., US</u>
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
13a. FATHER'S NAME <u>Wm. Beckhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Haumann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Pauline Hartman, Rock Port.</u>		Address <u>Deceased.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
DUE TO (b) <u>ASHD</u>			years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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 <u>1/63</u> to <u>12/3/63</u> and last saw ^{her} him alive on <u>12/3/63</u> Death occurred at <u>7:00</u> a-m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>John W. Wamaker, M.D.</u>		22b. ADDRESS <u>Rock Port, Mo.</u>	22c. DATE SIGNED <u>12/3/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo.,</u>
24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rock Port.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 4, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Marvin H. Schuster</u>

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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 *Grady Barchantaine*

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo.

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.