

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16909

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 53

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |   |
| b. CITY (If outside corporate limits write RURAL and give township)<br><u>Lexington</u> | c. LENGTH OF STAY (in this place)<br><u>2 days</u> | c. CITY OR TOWN<br><u>Richmond</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Lexington Memorial</u>                    |  | e. STREET ADDRESS (If rural, give location)<br><u>428 South Thornton</u>  |   |

3. NAME OF DECEASED (Type or Print)  
a. (First) ALBERT b. (Middle) P. c. (Last) HAMILTON

4. DATE OF DEATH (Month) (Day) (Year)  
May 26, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married 8. DATE OF BIRTH June 27, 1870 9. AGE (In years last birthday) 85 10. UNDER 1 YEAR 11 11. UNDER 1 HR. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Lawyer 10b. KIND OF BUSINESS OR INDUSTRY  
Lawyer 11. BIRTHPLACE (City and State or Foreign Country)  
Ray County, Missouri 12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME Willis S. Hamilton 13b. MOTHER'S MAIDEN NAME Elizabeth Simpson 14. NAME OF HUSBAND OR WIFE  
Catharine Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. E. F. Deaky, Fairbury Clinic ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary artery occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES (b) Generalized arterio sclerosis 5 yrs +

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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  NO

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 8, 1952, to May 26, 1956, that I last saw the deceased alive on May 26, 1956, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. R. Johnson, M.D. 23b. ADDRESS Richmond, Mo. 23c. DATE SIGNED 5/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 29, 1956 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Richmond, Missouri

DATE REC'D BY LOCAL REG. 6-1-56 REGISTRAR'S SIGNATURE Mrs. E. Deaky 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24535 - LILE FUNERAL HOME RICHMOND, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

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 *George Hill* .....  
Licensed Embalmer No. *4066*

P. O. Address *Richmond*

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.