

S. No. 300-10 APR 29 1952
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13918

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) 443 South Shaw	
d. FULL NAME OF HOSPITAL OR INSTITUTION 443 South Shaw			
3. NAME OF DECEASED (Type or Print) a. (First) Buford		b. (Middle) G. c. (Last) Hamilton, M.D.	
4. DATE OF DEATH (Month) (Day) (Year) April 17, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1881
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR 11 MONTHS 20 DAYS	IF UNDER 1 YEAR 20 HOURS	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Obstetrician	
11. BIRTHPLACE (State or foreign country) DeKalb County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. Walter C. Hamilton		13b. MOTHER'S MAIDEN NAME Eliza Garvin	
14. NAME OF HUSBAND OR WIFE Cleo Bates Hamilton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cleo Hamilton, Richmond, Missouri ADDRESS 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
ANTECEDENT CAUSES		DUE TO (b) Thrombosis, lt. leg. ± 2 wks?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Amputation, lt. leg. 1 mo.	
II. OTHER SIGNIFICANT CONDITIONS		Peripheral arteriosclerosis ± 10 yrs.?	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION March 17, 52		19b. MAJOR FINDINGS OF OPERATION Aneurysm, lt. popliteal fossa 452 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 March 2, 1952 , to April 17, 1952 , that I last saw the deceased alive on April 17, 1952 , and that death occurred at 7:25 A.M. on the causes and on the date stated above.			
23a. SIGNATURE H. C. Johnson M.D. (Degree or title)		23b. ADDRESS Richmond, Mo.	
23c. DATE SIGNED 4/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 20, 1952	
24c. NAME OF CEMETERY OR CREMATORY Sunny Slope		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
DATE REC'D BY LOCAL REG. April 21-1952		REGISTRAR'S SIGNATURE Malcolm Jackson 273	
25. FUNERAL DIRECTOR'S SIGNATURE Richmond, Missouri		ADDRESS Richmond, Missouri	

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

891

1891
8

(Licensed Embalmer's Statement on Reverse Side)

6109

SEP 17 1952

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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 this body is not embalmed, fact should be so stated above.