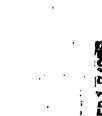
<b>.</b>		THE DIVISION OF HE	ALTH OF MISSOUR		
V. 10.48	D APR £9 1952	STANDARD CERTIF	ICATE OF DEAT	TH State File No	13918
. 1	BIRTH NO	_ REG. DIST. NO. <u>2.97</u> _	PRIMARY REG. DIST. N	o. <u>305.7</u> Registrar's No.	28
891	1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDER a. STATE 1/18 S	NCE (Where deceased lived. If ins	
1	b. CITY (If outside corporate limits, write I OR TOWN Ric hmend	RURAL and give township) c. LENGTH OF STAY (In this place) 5 76 2.18	c. CITY (If outside corpor OR TOWN Rich	rate limits, write RURAL and give town	0891
RECORD	d. FULL NAME OF (If not in bouplish or HOSPITAL OR INSTITUTION 44.3 Sout)	institution, give street address or location) h Shaw	II ADDDECC .	(If rural, give location)  3 South Shaw	8
1 1	3. NAME OF a. (First) DECEASED (Type or Print) Buford	b. (Middle) G • H &	c. (Last) Amilton, M.D	4. DATE (Month) OF DEATH April	(Day) (Year) 17.1952
PERMANENT	5. SEX 0 6. COLOR OR RACE  Male White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27.18	9. AGE (In years of tremer last birthday) Months	Days   F DIDER 2: RES. Hours   Min.
PERM	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR IN- DUSTRY Obstetrician	11. BIRTHPLACE (State or DeKalb Cou		12. CITIZEN OF WHAT COUNTRY? USA
<b>▼</b>	13. FATHER'S NAME Dr. Walter C. Hamil	136. MOTHER'S MAIDEN		4. NAME OF HUSBAND OR WIF	
MAKE	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war or dates None			SIGNATURE OR NAME	ADDRESS 1
INK—)	18. CAUSE OF DEATH	CONDITION	PERTIFICATION	Colion	INTERVAL BETWEEN ONSET AND DEATH  2 PLAS.
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ns, if any, giving DUE TO (b) cause (a) stating cause last.	prombosia.	St. leg.	t 2 who?
UNFADING	Conditions contri	FICANT CONDITIONS  ibuting to the death but not ase or condition causing death	ripheral as	terio ecleracio	7/0 yro.?
UNEA	19a. DATE OF OPERA- 19b. MAJOR FIN March 17,52 Chlury	idings of operation	tul Lossa	452 X	20. AUTØFØY?  YES NO X
USING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJUST (e.g. in or about home, farm, factory, et/eet. office bldg., etc.)	21c. (CIT), TOWN, OR TO		(STATE)
- ]	21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY O	CCURT	2012
NINES	22. I hereby certify that I attended the deceased from North 2, 1952, to April 17, 1952, the alive on April 17, 1952, and that death occurred at 7:25 the North the causes and on the day constitute (Degree optible) 23b. APDRES.			il 17, 1952, that I law causes and on the date state	
Ĩ	23a. SIGNATUTE	noon (Perre or title)	23b. ADDERES	rd, M.Jo.	230. DATE SIGNED 4-/21/52
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify). Burial // April 2	24c. NAME OF CEMETER 20.1952 Sunny S	lepe	d. LOCATION (Olty, town, or cour Ric hme pi Miss	4 1
<b>F</b>	DATE REC'D BY LOCAL REGISTRAR'S	signature 973		IR'S SIGNATURE AI	Cile
L.		(Licensed Embalmer's S	tatement on Reverse Side)		



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ed on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	
Student Embalmer .	Signed Licensed Embalmer No. 404 G
Note: The shove MUST RE SIGNED BY THE	P. O. Address Julius July

the above constitutes grounds for revocation of license.)

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