

S. No. 300  
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21210

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5995</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHERMAN TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>73 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SHERMAN TOWNSHIP</u>		<u>0800</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POWERSVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>POWERSVILLE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u>			b. (Middle) <u>ALMA</u>		c. (Last) <u>HAMILTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCTOBER 15 1863</u>		9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	11. UNDER 18 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>QUINCY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LORENZO DOW MAHONEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA DELAY</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL N HAMILTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS PAUL VALENTINE POWERSVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>331Y</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <u>May 11, 1950</u> to <u>June 10, 1950</u> , that I last saw the deceased alive on <u>June 9, 1950</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J.W. McDonald</u>				23b. ADDRESS <u>Box 2 Unionville MO</u>		23c. DATE SIGNED <u>6-12-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEST LIBERTY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>6-17-50</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 20 1950  
District Health Officer No. 10  
District File Number 6-50-1014  
Date Filed JUN 20 1950

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 Richard P. Cassidy

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

**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.