

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20578**

FILED JUL 10 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PUTNAM</u>	
b. CITY OR TOWN <u>Kirkville Mo.</u>	c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY OR TOWN <u>Unionville</u>	<u>0860</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle) <u>D.</u>	c. (Last) <u>HAMILTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>9-3-22</u>	9. AGE (In years) (If under 1 year, give months, days, hours, min.) <u>19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Amex.</u>
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13a. FATHER'S NAME <u>F. D. Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Galloway</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Hamilton</u>	ADDRESS <u>Unionville Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>			<u>June 22, 1953</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Lower Nephritic Nephrosis</u>		<u>June 30, 1953</u>
	DUE TO (c) <u>crush syndrome</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>6-23-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Comminuted fracture left femur</u>	<u>9121</u> <u>3</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>0860</u> (COUNTY) <u>Putnam</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 22 1953 11:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hay picker fell 14 ft hitting pt in back</u>
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22. I hereby certify that I attended the deceased from June 22, 1953 to June 30, 1953, that I last saw the deceased alive on June 30, 1953 and that death occurred at 11:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Will A. Wooder</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirkville Mo.</u>	23c. DATE SIGNED <u>6-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Liberty Cemetery Putnam Co. Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-30-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Comstock</u>	ADDRESS <u>Unionville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Yonkersville, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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