

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045006

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3056 Registrar's No. 258

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 11 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 Kirby Street		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) Ira Samuel Hamilton		4. DATE OF DEATH Month 11 Day 19 Year 63	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/31/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY Randolph Co., Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hezekiah Hamilton		13b. MOTHER'S MAIDEN NAME Cordelia Hamilton	
14. NAME OF HUSBAND OR WIFE May Viola Ragsdale		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Florence Hamilton Address Moberly, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medulary failure			INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral embolism			36 hrs
DUE TO (c) Arterisclerotic heart disease			unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Struck by lightning June 1926, has been deaf sine then.			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Moberly, Mo.	
20g. COUNTY Randolph		20h. STATE Missouri	
21. I attended the deceased from March 1963 to Nov. 19, 1963 and last saw her alive on Nov. 19, 1963 Death occurred at 11:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benj. A. Jolly D.O. (Degree or title)		22b. ADDRESS 203 1/2 N. Clark, Moberly, Mo.	
22c. DATE SIGNED 11-20-63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/63	
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City, town, or county) (State) Moberly, Missouri	
24. FUNERAL DIRECTOR Million & Greer		25. DATE RECD. BY LOCAL REG. Nov. 21-1963	
26. REGISTRAR'S SIGNATURE W. Earl White		27. REGISTRAR'S SIGNATURE	

DEC 10 1963

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 _____

Licensed Embalmer No. 3815

P. O. Address Mobile, Mo.

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.

Almick Stand 11-21-63