

LOCAL REG. NO. 168

DEPARTMENT OF HEALTH

VITAL STATISTICS

098724-63

PRIMARY DIST. NO. 33 803 303

CORONER'S CERTIFICATE OF DEATH

+
33 803

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P

1. DEATH OCCURRED IN:	a. County <u>Jefferson</u>	b. City or borough <u>Punxsutawney</u>	2. DECEASED'S MAILING ADDRESS	a. Street address, R.D., or Box Number <u>211 Marian Ave.</u>
c. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number)			b. Post Office, Zone, and State <u>Punxsutawney, Penna.</u>	
d. Full Name of Hospital or Institution (If not in hospital, give street address) <u>211 Marian Ave.</u>			3. VETERAN	Yes <input type="checkbox"/> No <input type="checkbox"/>
			a. Which War <u>W.W. II</u>	b. Serial No. <u>33765379</u>

4. NAME OF DECEASED (Type or print)	a. (First) <u>Earl</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Hamilton</u>	5. DATE OF DEATH	(Month) <u>October</u>	(Day) <u>6</u>	(Year) <u>1963</u>
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6. WHERE DID DECEASED ACTUALLY LIVE?	a. State <u>Pennia.</u>	<input type="checkbox"/> Yes, deceased lived in _____ township.
	b. County <u>Jefferson</u>	<input checked="" type="checkbox"/> No, deceased lived within actual limits of <u>Punxsutawney</u> city or borough.

7. SEX <u>M</u>	8. COLOR OR RACE <u>W</u>	9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	10. DATE OF BIRTH <u>6 Oct 18</u>	11. AGE (In years last birthday) <u>45</u>	If under 1 year	If under 24 hours
		WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			Months	Days
						Hours
						Min.

12. USUAL OCCUPATION (even if retired) <u>Conductor B & O R.R.</u>	13. SOCIAL SECURITY NO. <u>296-10-6108</u>	14. BIRTHPLACE (State or foreign country) <u>Punxsutawney, Pa.</u>	15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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16. FULL NAME OF SPOUSE <u>-</u>	17. MOTHER'S MAIDEN NAME <u>Deni Sani</u>
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18. FATHER'S NAME <u>Isaac C. Hamilton</u>	19. INFORMANT'S NAME AND ADDRESS <u>A. B. Hamilton - Punxsutawney, Pa.</u>
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20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
PART I. Death was caused by:		
IMMEDIATE CAUSE (a) <u>From a High Powered Rifle</u>		
DUE TO (b) <u>Model 340-A Savage 30030 Skull & Contents Blown away.</u>		
DUE TO (c) <u>240-A</u>		
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease given in Part I (a).		
<u>None</u>		

21. WAS AUTOPSY PERFORMED?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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22. a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. b. DESCRIBE HOW INJURY OCCURRED <u>Self inflicted Bullet Wound</u>	22. c. TIME OF INJURY	Hour <u>1 A</u>	Month <u>Oct</u>	Day <u>6</u>	Year <u>1963</u>
		m. <u>1 A</u>				
		E.S.T.				

22. d. INJURY OCCURRED	22. e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) <u>Home</u>	22. f. CITY, BOROUGH, TOWNSHIP	COUNTY	STATE
While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		<u>211 Marian Avenue</u>	<u>Punxsutawney, Penna.</u>	

23. I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated as _____ m. E.S.T., on the date stated above.		
a. Signature of coroner <u>Robert L. Shaffer MD</u>	b. Address <u>Brookville, Penna.</u>	c. Date signed <u>Oct 6, 1963</u>

24. a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24. b. DATE <u>8 Oct 63</u>	24. c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24. d. LOCATION (City, Boro., Twp., & County) (State) <u>Punxsutawney, Penna.</u>
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25. DATE REC'D BY REG. <u>Oct 7 1963</u>	26. REGISTRAR'S SIGNATURE <u>Demorris E Hilton</u>	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <u>Paul R. Jordan - Punxy, Pa.</u>
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