

FILED MAR 6 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH.

4860

State File No. 736

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) unknown | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | | d. STREET ADDRESS (If rural, give location) 2015 E. 29th, K.C., Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) Henry | | c. (Last) Hamilton | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Aug. 29, 1883 | |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. Towel Co. | | 11. BIRTHPLACE (State or foreign country) Antelope Co., Nebr. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME George W. Hamilton | | 13b. MOTHER'S MAIDEN NAME Ella Piney | | 14. NAME OF HUSBAND OR WIFE Edythe Hamilton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY (If yes, give war or dates of service) 486-07-0879 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvia Hamilton, 2821 E. 67, K.C. Mo. | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial infarct ANTECEDENT CAUSES Coronary atherosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pulmonary Embolism. 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 1 wk | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 2-12, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. C. Trippe (Degree or title) | | | | 23b. ADDRESS 101x Apple Bldg. | | 23c. DATE SIGNED 2/17/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/18/50 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| DATE REC'D BY LOCAL REG. 2-17-50 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE P.K. George & Sons | | ADDRESS Grandview, Mo. | |

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

(Licensed Embalmer's Statement on Reverse Side)

0961 91 NOV.

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 A. R. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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 this body is not embalmed, fact should be so stated above.