

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20280**
Registrar's No. **2532**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 303 Eaton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.			

3. NAME OF DECEASED a. (First) Henry b. (Middle) W. c. (Last) Jamison			4. DATE OF DEATH (Month) (Day) (Year) June 6 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Oil Co.		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Robert M. Jamison		13b. MOTHER'S MAIDEN NAME Sarah Mulvaney		14. NAME OF HUSBAND OR WIFE Emma Jamison		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-12-6899	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Emma Jamison K. C. Kans.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 332X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac dilatation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bronchopneumonia DUE TO (c) Encephalomalacia + Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	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 **Pathologist**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill (Degree or title) M.D.	23b. ADDRESS 3001 Wyandotte St. KC Mo	23c. DATE SIGNED 6 June 50
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE June 8, 50	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Kans.
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DATE REC'D BY LOCAL REG. 6-7-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home K. C. Kans.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Jimmy S. Huckshorn

Licensed Embalmer No. *4092*

P. O. Address

Missouri, Kans.

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.