

FILED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33600**  
Registrar's No. **4427**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>33 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>1526 EAST 50<sup>TH</sup> TERRACE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1526 EAST 50<sup>TH</sup> TERRACE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LELIA</b> b. (Middle) <b>PLEASANTS</b> c. (Last) <b>HAMILTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 15 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>FEB. 20, 1866</b>		9. AGE (In years last birthday) <b>85</b> 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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS Co., Mo. 7</b>	
13a. FATHER'S NAME <b>JAMES PLEASANTS</b>			13b. MOTHER'S MAIDEN NAME <b>MARIE LIPSCOMB</b>		14. NAME OF HUSBAND OR WIFE <b>DR. PINCKNEY HAMILTON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. HAZEL V. THOMPSON, 1526 E. 50<sup>TH</sup> TERR.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Semility</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congenitive heart failure</b> DUE TO (c) <b>-</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>years</b> <b>4341</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Aug. 1951</u> , to <u>Oct. 15, 1951</u> , that I last saw the deceased alive on <u>Oct. 15, 1951</u> , and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Esther Winkelman MD</b> (Degree or title)			23b. ADDRESS <b>4050 Broadway Kemo.</b>		23c. DATE SIGNED <b>10-16-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT-17-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>10-17-51</b>		REGISTRAR'S SIGNATURE <b>M. H. Newcomer's Son</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Basil Honey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4724*

P. O. Address *Freshland, 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.