

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18051

State File No.

FILED MAY 21 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 2347

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI JACKSON	
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, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 571 Harrison		d. STREET ADDRESS (If rural, give location) 571 HARRISON	
3. NAME OF DECEASED (Type or Print) a. (First) NORA		b. (Middle) 30-0 c. (Last) HAMILTON	
4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1953			
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 23 1876
9. AGE (In years last birthday) 76		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BURLINGAME KANSAS /
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CAGY PUGH		13b. MOTHER'S MAIDEN NAME MOLLIE	14. NAME OF HUSBAND OR WIFE ARCHIE HAMILTON
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. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILLE HOARD 600 CORNELL K.C.K.
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 Cancer of colon and rectum	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon and rectum		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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>4-7-</u> , 19 <u>53</u> , to <u>5-3-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-2-</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] M. GILL (Degree or title) MD		23b. ADDRESS 449 N. 5th	23c. DATE SIGNED 5-5-53
24a. HOSPITAL CREMATION/REMOVAL (Specify) Burial	24b. DATE May 6, 1953	24c. NAME OF CEMETERY OR CREMATORY BURLINGAME CEMETERY	24d. LOCATION (City, town, or county) (State) BURGLINGAME KANSAS
DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALICE BAILEY KANSAS CITY KANSAS	

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

Maynard C. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 4653

P. O. Address 91 E. 7th

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.