FILED JUL 9 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21573

Registrar's No. 2884

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

**1. PLACE OF DEATH**

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): Unk.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Jackson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

d. STREET ADDRESS (If rural, give location): 548 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) 30 U c. (Last) Hamilton

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: "Unk" 1859

9. AGE (In years last birthday): 94 | 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): Pensioner

10b. KIND OF BUSINESS OR INDUSTRY: State

11. BIRTHPLACE (City and State or Foreign Country): Unknown 9

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Unknown

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.: "Unk"

17. INFORMANT'S SIGNATURE OR NAME: Record Clerk: K.C. Gen hosp #1 ADDRESS

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — 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.*

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 1953, *to* June 4, 1953, *that I last saw the deceased alive on* June 4, 1953, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns (Degree or title) M.D.

23b. ADDRESS: 24th & Cherry Sts.

23c. DATE SIGNED: 6/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Mausoleum

24b. DATE: 6-9-53

24c. NAME OF CEMETERY OR CREMATORY: Western Dental Col.

24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 6-9-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: B. C. Weibert ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.