

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

1343

State File No.

FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 395

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>41 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4800 Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4800 Terrace</u>		e. ADDRESS <u>4800 Terrace</u>	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>CARL</u>	b. (Middle) <u>J.</u>	c. (Last) <u>HAMILTON</u>	<u>Jan. 24, 1954</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 21, 1881</u>	9. AGE (In years less birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 wks. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millwright (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C. B. & O. Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Warren Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Hamilton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>707-05-8187</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John R. Hamilton, K.C.</u>	ADDRESS <u>Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral hemorrhage</u>		<u>5 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331 X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1/17/53, to 1/24/54, that I last saw the deceased alive on 2/19/53 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Claude C. Farley</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4526 Posey</u>	23c. DATE SIGNED <u>1/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG <u>1-25-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME, K.C. KANSAS</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Claude F
4526 Paseo
VA 6344

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. Hucherson

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.