

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14913**  
Registrar's No. **67**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **6232**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union Twp</b>		c. CITY OR TOWN <b>Kansas City Mo.</b>	
c. LENGTH OF STAY (In place) <b>2 1/2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Holmes St Road</b>		e. STREET ADDRESS (If rural, give location) <b>Palmer Hotel East 9th St. 408 2130</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>HAMILTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 30-1932</b>
9. AGE (In years last birthday) <b>22</b>		Months <b>1</b> Days <b>2</b>	IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Walter Hamilton</b>	
13b. MOTHER'S MAIDEN NAME <b>Roena Jelova</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Hamilton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Gregory Gayle</b>		ADDRESS <b>Bridgeport Conn.</b>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auto Wreck</b> ANTECEDENT CAUSES DUE TO (b) <b>Fracture of Skull</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>E2234 31</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</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) <b>May 28-1955 6:30 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Car hit bridge abutment</b>			
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John L. Schreff, Acting Coroner</b>		23b. ADDRESS <b>208 W. Paul Hamilton</b>	
23c. DATE SIGNED <b>5-29-1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 30-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St Marys Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Millford Conn.</b>	
DATE REC'D BY LOCAL REG. <b>June 2, 1955</b>		REGISTRAR'S SIGNATURE <b>Dora Barwood 457-0</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. E. Myers</b>		ADDRESS <b>Cleveland Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1955

JUL 8 1955

RECEIVED  
JUN 6 1955  
CASE COUNTY  
HEALTH DEPARTMENT

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.....  
Signature of Student Embalmer

Signed.....  
*Geo. E. Myers*

Licensed Embalmer No. *251*

P. O. Address *Cleveland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.