

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26187**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **3835**

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) OR <b>Town Kansas City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS <b>40 2906 Michigan</b>	(If rural, give location) <b>3408</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Hamilton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 31 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 24 1896</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>58</b>
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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>Home</b>	11. BIRTHPLACE (City and State or Foreign, Country) <b>London Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Riley</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Clifford</b>	14. NAME OF HUSBAND OR WIFE <b>Harry H. Hamilton</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry H Hamilton</b>	ADDRESS <b>2906 Michigan Hand City</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiac Disease</b> DUE TO (c) <b>Diabetes Mellitus + Obesity</b>		<b>8 years</b> <b>442x</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>2 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 7 1953**, to **8-31-1954**, that I last saw the deceased alive on **8-31-1955**, and that death occurred at **9:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chester E. Lee M.D.</b>	23b. ADDRESS <b>174 Plaza June Bldg KC Mo</b>	23c. DATE SIGNED <b>8-31-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo/</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>9-1-55 Reva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McGilley Eylar</b>	ADDRESS <b>Kan City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Chester E. Lee

Dr Chester Lee  
174 Playa Terrace Bldg.  
before 4 PM

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... *Ivan E. Miller*

Licensed Embalmer No. *498*

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