

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34015**
4347
Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 6 days	c. CITY OR TOWN Liberty
d. FULL NAME OF HOSPITAL OR INSTITUTION Resarch Hospital		e. STREET ADDRESS (If rural, give location) 431 Arthur	

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) D.	c. (Last) Hamilton	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 4, 1879	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months _____ Days _____	# UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) banker	10b. KIND OF BUSINESS OR INDUSTRY banking	11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Hamilton	13b. MOTHER'S MAIDEN NAME Mary Pitts	14. NAME OF HUSBAND OR WIFE Anna J. Hamilton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 487e01-4487	17. INFORMANT'S SIGNATURE OR NAME Anna J. Hamilton, Liberty, Mo.	ADDRESS _____
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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) Acute Cardiac Failure		24h
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____		24h
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5810

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May, 1940, to Oct 4, 1956, that I last saw the deceased alive on Oct 4, 1956, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn W. Henderson M.D.	23b. ADDRESS Liberty, Mo	23c. DATE SIGNED 10/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-6-56	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Liberty, Mo.
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DATE REC'D BY LOCAL REG. 10-6-56	REGISTRAR'S SIGNATURE Hena Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Tyler Parley Funeral Home	ADDRESS Liberty, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Glenn W. Henderson, M.D.

1931 F. S. 100

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.....
Charles A. Tyle

Licensed Embalmer No. *4534*

P. O. Address *Liberty*

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.