

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34016**Registrar's No. **4529**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4529</b>	
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 OR TOWN <b>KANSAS CITY</b> )		c. LENGTH OF STAY (in this place) <b>11 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location) <b>1107 E. 14 th St.</b>				e. STREET ADDRESS (If rural, give location) <b>1107 E. 14 th St.</b>			
3. NAME OF DECEASED (Type or Print) <b>THEODORE</b>		a. (First) <b>T.</b>		b. (Middle) <b>H.</b>		c. (Last) <b>HAMILTON</b>	
4. DATE OF DEATH <b>10 17 1956</b>		(Month) <b>10</b>		(Day) <b>17</b>		(Year) <b>1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed married</b>		8. DATE OF BIRTH <b>Nov. 15, 1903</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chemical Helper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laboratory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Hamilton</b>			
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>487- 12 49526</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carrie Hamilton 1107 E. 14th St., K.C.Mp.</b>			
18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute congestive heart failure</b>		DU TO (b) <b>Hypertensive cardio-vascular Dis.</b>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DU TO (c) <del>Acute congestive heart failure</del>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				443k	
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) (Min.)		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 <b>Oct. 11, 1955</b> , to <b>Oct. 17, 1956</b> , that I last saw the deceased <b>give on Oct. 17, 1956</b> , and that death occurred at <b>6:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George D. Jeff, M.D.</b>				23b. ADDRESS <b>2204 E. 18th Street</b>		23c. DATE SIGNED <b>10-18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10 / 20 / 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-18-56</b>		REGISTRAR'S SIGNATURE <b>Deva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. Davis K.C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Laudis H. Jac*.....

Licensed Embalmer No.....

P. O. Address *20*.....

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.