

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014210

STATE FILE NUMBER 1770

FILED APR 23 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300 4
1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing			Length of stay in 1b 69 yrs.		d. STREET ADDRESS 100 East 36th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First M Y R T L E Middle I. Last H A M I L T O N				4. DATE OF DEATH Month April Day 5, Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 22, 1872		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Indiana (State)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas H. Ijams			13b. MOTHER'S MAIDEN NAME Martha (Unknown last)			14. NAME OF HUSBAND OR WIFE Andrew S. Hamilton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address K.C., Mo. J. Robert Johnston, 625 W. Dartmouth.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senility</i>							INTERVAL BETWEEN ONSET AND DEATH 4250
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Cardiac Disease</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Jan 58</i> to <i>Apr 5, 1958</i> and last saw her alive on <i>Apr. 5, 1958</i> Death occurred at <i>1:20 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John R. Whitman, MD</i> (Degree or title)				22b. ADDRESS <i>6314 Brookside Plaza</i>		22c. DATE SIGNED <i>4-6-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-7-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Washington</i>		23d. LOCATION (City, town, or country) (State) <i>Kansas City, Mo.</i>		
24. FUNERAL DIRECTOR <i>FREEMAN MORTUARY, Kansas City, Mo.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>4-6-58</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

John R. Whitman

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cover, cooler, etc. - must use only accurate thermometer in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

The John W. ...

4919 W. 58th

12th St. ... of Johnson ...

3 P.M.

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

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.