

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018230

STATE FILE NUMBER 2632

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2632

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| 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"/> | c. 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 817 PENNSYLVANIA | | Length of stay in lb 53 yrs. | d. STREET ADDRESS (If outside, give location) 817 PENNSYLVANIA Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last ERNEST EUGENE HAMLER | | | 4. DATE OF DEATH Month Day Year 5-23-1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-28-1884 |
| 9. AGE (In years) 73 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) CARPENTER | | 10b. KIND OF BUSINESS OR INDUSTRY SELF | 11. BIRTHPLACE (City and State or country) Kansas |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | 13a. FATHER'S NAME CYRIS HAMLER | |
| 13b. MOTHER'S MAIDEN NAME "UNKNOWN" | | 14. NAME OF HUSBAND OR WIFE HELEN HAMLER | |
| 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. 500-20-6005 | |
| 17. INFORMANT HELEN HAMLER | | Address 817 PENNSYLVANIA K.C. MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease DUE TO (b) myocardial infarction DUE TO (c) 4250 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Type or print) Geo. C. Kealhofer | | 22b. ADDRESS 6677 Pleasant Hill | |
| 22c. DATE SIGNED 5-23-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 5-26-1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY MOUNT MUNCIE CEMETERY | | 23d. LOCATION (City, town, or county) (State) LEAVENWORTH, KANSAS | |
| 24. FUNERAL DIRECTOR B. E. WEILERT | | 25. DATE RECD. BY LOCAL REG. 5-24-58 | |
| ADDRESS 2332 MONITOR PL. K.C. MO. | | 26. REGISTRAR'S SIGNATURE neva mitchell | |

All diseases in Part I must be causally related.

Geo. C. Kealhofer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 B. E. Wulbert

Licensed Embalmer No. 4075
P. O. Address A.C. 8. 21

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.