

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036402

STATE FILE NUMBER 4814

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4814

FILED OCT 29 1958

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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 | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4029 GARFIELD AVE. | | d. STREET ADDRESS (If outside, give location) 4029 GARFIELD AVE | |
| Length of stay in lb 40 YEARS | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALICE HAMILTON | | | 4. DATE OF DEATH Month Day Year OCT-11-1958 |
| 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 OCT-27-1875 |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | 11. BIRTHPLACE (City and state or country) ROADHOUSE, ILLINOIS |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME GEORGE CHAMPION | | 13b. MOTHER'S MAIDEN NAME MARY Mc GEE | |
| 14. NAME OF HUSBAND OR WIFE JOHN W. 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 MRS. HANNAH GOOD. ST. LOUIS MISSOURI | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration DUE TO (b) Mitral regurgitation DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 4210 |
| 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 July 29-1958 Oct 11-58 and last saw her alive on Oct 11-1958 Death occurred at 12:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE G C Remley (Degree or title) | | 22b. ADDRESS M.D. 936 Argyle Bldg | |
| 22c. DATE SIGNED 10-11-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE OCT-13-1958 | | 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | |
| 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | 24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 331-BRUSH CREEK KANSAS CITY, MO. | |
| 25. DATE RECD. BY LOCAL REG. 10-13-58 | | 26. REGISTRAR'S SIGNATURE neva minshall | |

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. C. Remley



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 *W. H. Nelson*
Licensed Embalmer No. *4491*
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.