

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047132

STATE FILE NUMBER
8252

FILED JAN 19 1956

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 8252

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 40 yrs	d. STREET ADDRESS 6140 6800 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Sequoyah Hamilton			4. DATE OF DEATH Month Day Year 12-31-1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1898	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocers		11. BIRTHPLACE (City and state or country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wallace M. Hamilton		13b. MOTHER'S MAIDEN NAME May Dobson		14. NAME OF HUSBAND OR WIFE Lucile Hamilton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 1		16. SOCIAL SECURITY NO. 487-10-8515		17. INFORMANT Address K C Mo Wife- Lucile Hamilton, 6140 Charlotte	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Insufficiency DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 col					INTERVAL BETWEEN ONSET AND DEATH. 5 min Yrs.
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.) 4 col			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1950 to 2/19/58 and last saw him alive on 31 Dec '58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert M. Myers M.D.			22b. ADDRESS 1025 Shatto Bldg		22c. DATE SIGNED 2 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Gardens		23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR Floral Hills Chapels Kansas City Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-1-59		26. REGISTRAR'S SIGNATURE neva munsell

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Dr. Robert Myers
 Rialto, Pa. U.S. 4751
 Home - 3-1854*

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 *John R. Bidmos*
 Licensed Embalmer No. *453*
 P. O. Address *Kansas Cit*

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.