

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006308

FILED VS MAR 3 1960

903

STATE FILE NUMBER

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

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		Length of stay in 1b 34 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1024 Tracy 2020 E. 38th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2020 E. 38th. 1024 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LEROY J. HAMILTON JR.				4. DATE OF DEATH Month Day Year 2-11-1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-6-1926	9. AGE (last birthday) 34 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leroy Hamilton Sr.			13b. MOTHER'S MAIDEN NAME Ara Fuller			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1946-1949		16. SOCIAL SECURITY NO. 495-20-4438		17. INFORMANT Ara Hamilton 2020 E. 38th St. Mother			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhagic Shock.							
DUE TO (b) Hemathorax Left Chest.							
DUE TO (c) Penetrating Stab Wound of Left Lung.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stab Wound apex Left Lung			
20c. TIME OF INJURY 2:45 p.m.		Hour Month, Day, Year 2/11/60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1024 Tracy		20f. CITY, TOWN, OR LOCATION Kansas City, Missouri		COUNTY STATE Jackson, MO	
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave			22c. DATE SIGNED 2/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-16-60	23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Kans. City, Missouri		(State)
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton			ADDRESS		25. DATE RECD. BY LOCAL REG. 2-15-60	26. REGISTRAR'S SIGNATURE Neva Minchall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ernest R. Watkins

Licensed Embalmer No. 4500

P. O. Address 15th & Pine

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.