URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010977

STATE FILE NUMBER

FILED VS APR 4 1960

NDED

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 1686

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 75 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3724 Wyandotte
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3724 Wyandotte
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First LILLIE Middle A. Last HAMILL

4. DATE OF DEATH Month March Day 18, Year 1960

5. SEX Fe

6. COLOR OR RACE White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH Feb. 15, 1869

9. AGE (last birthday) 91

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Park=Davis Drugs

11. BIRTHPLACE (City and state or country) Olathe, Kansas

12. CITIZEN OF WHAT COUNTRY U.S/A.

13a. FATHER'S NAME John S. ~~Hammill~~ HAMILL

13b. MOTHER'S MAIDEN NAME Jennie McClelland

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Coroner's Office, Kansas City, Mo. Address

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7:26 P., 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 Hugh H. Owens (Degree or title) Coroner

22b. ADDRESS 1034 Rialto Bldg

22c. DATE SIGNED 3-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-23-60

23c. NAME OF CEMETERY OR CREMATORY Forest Hill

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Stine & McClure Funeral Home ADDRESS Kansas City, Missouri

25. DATE RECD. BY LOCAL REG. 3-22-60

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION DOCUMENT

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_____ Signed Thomas A. Kulli

Signature of Student Embalmer

Licensed Embalmer No. 4995

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.