MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029298
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3833

FILED AUG 25 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Luke's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Overland Park
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6027 Metcalf
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Carleton Middle E. Last Hamilton
4. DATE OF DEATH: Month August, Day 1, Year 1961
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept.10,92
9. AGE (last birthday): 68 Years
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Oil Company
11. BIRTHPLACE (City and state or country): Thornbury, Iowa
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Dr. C. M. Hamilton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mary Alice Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT: Mary Alice Hamilton Address: 6027 Metcalf

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 ☐
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 July 10, 1961, to August 1, 1961 and last saw her/him alive on August 1, 1961
Death occurred at 1 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harold W. Voth (Degree or title) M.D.
22b. ADDRESS 315 Nichols Road, Kansas City, Mo.
22c. DATE SIGNED 8-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 8-1-61
23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory
23d. LOCATION (City, town, or county) Kansas City, Missouri (State)
24. FUNERAL DIRECTOR Harold W. Voth ADDRESS Muehlebach Funeral Home 6800 Troost
25. DATE RECD. BY LOCAL REG. 8-2-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Maxwell Berry
Plaza Medical
VA 1-3243
(Wed all day till 5

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 Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Shawnee, Kan

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.