

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019203
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 243

FILED MAY 22 1962

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Jackson | | a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital | | d. STREET ADDRESS (If outside, give location) 460 Donnelly | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First AMY Middle HAMILTON Last | | Month May Day 13 Year 1962 | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| Female | White | | 7/17/61 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) |
| Infant | | Independence Hosp. | Mo. USA |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Harold Hamilton | | Janice Aue | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
| No | | - | Harold Hamilton 460 Donnelly |
| 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) <i>longshore heart failure</i> | | | <i>3 mo</i> |
| DUE TO (b) <i>cirrhosis of liver</i> | | | <i>6 mo</i> |
| DUE TO (c) <i>congenital atresia of biliary tree</i> | | | <i>9 mo 26 da</i> |
| 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 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 a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <i>July 17, 61</i> to <i>May 13, 1962</i> and last saw her alive on <i>May 12, 1962</i> Death occurred at <i>6 AM 5/13/62</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (In blue or black ink) | | 22b. ADDRESS | 22c. DATE SIGNED |
| <i>[Signature]</i> | | <i>Independence Mo</i> | <i>5/14/62</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial | May 14 1962 | Mt Washington Cem | Independence Missouri |
| 24. FUNERAL DIRECTOR ADDRESS | | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Sheil Funeral Home Kansas City Mo | | 5-14-62 | <i>Alta L. Craig</i> |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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 James A. Hall

Licensed Embalmer No. 4954

P. O. Address S. C. Wm.

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.

5-12-62