

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18407

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash. ship.</u>		c. LENGTH OF STAY (in this place) <u>17 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #32</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) _____ c. (Last) <u>Ham</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1949</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>1873</u>		9. AGE (In years last birthday) <u>76</u> <small>if under 1 year: Months Days</small> <small>if under 1 hr.: Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	
11. BIRTHPLACE (State or foreign country), <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George B Ham</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Nelson</u>	
14. NAME OF HUSBAND OR WIFE <u>(never married)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>(none)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp #3 Nevada Mo</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
19a. DATE OF OPERATION <u>(none)</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>46</u> to <u>5-18-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>49</u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>5-18-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lamar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 5, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 331 <u>[Signature]</u> (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED

District Health Officer No. 7,

District File Number 4-49-574

Date Filed 5-23-49

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 _____

Walter H. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed

Walter H. Konantz
Student Embalmer

Signed

Walter H. Konantz

Licensed Embalmer No. 2247

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.