

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 2775

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona</u>	
c. LENGTH OF STAY (In this place) <u>83 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>ORlena</u>	c. (Last) <u>Ham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1949</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct-29-1855</u>	9. AGE (In years last birthday) <u>94</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>10</u>	# UNDER 1 HR. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Brooke Lambeth</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Fryar</u>	14. NAME OF HUSBAND OR WIFE <u>Robert C Ham</u>
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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'S SIGNATURE OR NAME <u>Mrs Al Rudig</u>	ADDRESS <u>Verona, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>45 22</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-5, 1949, to 12-8, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>RD Gowan M.D.</u>	23b. ADDRESS <u>Verona Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec-11-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Verona Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 14 1950</u>	REGISTRAR'S SIGNATURE <u>Carroll Handwerker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Forest</u>	ADDRESS <u>McKean, Mo</u>
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Jan. 11-1950 Oro Me Hall (Insigned Registrar's Statement on Reverse Side)

S. No. 300
EV. 10.48

550

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

RECEIVED JAN 16 1950
District Health Office No. 6,
District File Number 150-105
Date Filed 1-19-50

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
Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wheeler, Mo.

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.