

S. No. 300
Rev. 10.48

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13667

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 40

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> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Verona, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Ermine</u> c. (Last) <u>HAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 19, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 31, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S.N. Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Verona, Missouri</u>
13a. FATHER'S NAME <u>Robert C. HAM</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O. Lambeth</u>	14. NAME OF HUSBAND OR WIFE <u>W.A. BRADA (Fuentes) HAM</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes</u> <u>World 1 and 2</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leland Ham</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroniac Insufficiency, Left Ventricle.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Beri-beri</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 1, 1949</u> to <u>April 19, 1950</u> , that I last saw the deceased alive on <u>April 19, 1950</u> , and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. Avery Watson D.O.</u>		23b. ADDRESS <u>Verona, Mo.</u>	
23c. DATE SIGNED <u>4-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 21, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u>		24d. LOCATION (City, town, or county) (State) <u>Verona MO</u>	
DATE REC'D BY LOCAL REG <u>April 24 50</u>		REGISTRAR'S SIGNATURE <u>Geo Mc Natt</u> 157	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul S. Marsh</u>			

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

4-26-50
05-14-50
05-14-50

MAR 28 1950

MAR 14 1951

NOV 7 1952

APR 26 1953

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.....

GENE H. PARRENT

working under my personal supervision.

Student Embalmer No. 349

Signed: *Gene H. Parrent*
Student Embalmer

Signed: *Oscar L. Marsh*

Licensed Embalmer No. 3812

P. O. Address: *Quora 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.