

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9485

BIRTH NO.		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantharville</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 m</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantharville, Mo. 6782</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>West 8th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>S.</u> c. (Last) <u>HAMMA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-25-1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb-28-1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Judebit Mangum Spria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sad Hamma</u>		13b. MOTHER'S MAIDEN NAME <u>Hellina Sophia</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hamma</u>		ADDRESS <u>Cantharville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive pulmonary Edema</u>		DUE TO (b) <u>probably Coronary Heart Disease</u>				?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</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>No</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) (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>Feb 25</u> , 19 <u>51</u> , to <u>Feb 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>51</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cantharville, Mo.</u>		23c. DATE SIGNED <u>3/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cantharville Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-14-1951</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Miller</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cantharville Mo</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

3-51-77

SEP 15 1968

DEC 16 1951

NOV 4 1959

S. B. Beecher, M.D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

**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 *Noel C. Dear*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville 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.