

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32247**

FILED SEP 18 1951

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **174**

0972

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3740	
c. LENGTH OF STAY (In this place) 4 1/2 Months		d. STREET ADDRESS (If rural, give location) 1711 Concord	
d. FULL NAME OF HOSPITAL OR INSTITUTION 559 South Jefferson			

3. NAME OF DECEASED (Type or Print) Effie Beatrice McHam	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 1-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7 Days 16	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hartford-Kentucky 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Curtis Ambrose McHam	13b. MOTHER'S MAIDEN NAME Evelyn Bennett	14. NAME OF HUSBAND OR WIFE Berl McHam
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H.E. Goldenberg-Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Senility		
ANTECEDENT CAUSES	DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Senile Dementia		1 yr.
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304x	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) (Min.)	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 **8-9-1951** to **9-11-1951**, that I last saw the deceased alive on **9-11-1951**, and that death occurred at **5:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.E. Harner, M.D.	(Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 9-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/13/51	24c. NAME OF CEMETERY OR CREMATORY Beda Cemetery	24d. LOCATION (City, town, or county) (State) Hartford-Kentucky
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DATE REC'D BY LOCAL REG. Sept 18 1951	REGISTRAR'S SIGNATURE Sidney J Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leslie Murray Marshall
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RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51

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 J. Leeli Sussury

Licensed Embalmer No. 32358

P. O. Address 24 Marshall St

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.