

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41195

State File No.

FILED JAN 5 1952
84421-51

BIRTH NO. 102 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 41-

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEWBORN</u> b. COUNTY <u>0364</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>—</u> c. (Last) <u>HAMM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 8 1951</u>		
5. SEX <u>MO W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEWBORN</u>		8. DATE OF BIRTH <u>DEC 7 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>RAYMOND HAMM</u>		13b. MOTHER'S MAIDEN NAME <u>NAOMI WILHITE</u>		14. NAME OF HUSBAND OR WIFE <u>UNMARRIED</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>Raymond Hamm Bourbon 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>not visible</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature</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 <u>T76x</u>		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) (Minute)		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 12-7, 1951, to 12-8, 1951, that I last saw the deceased alive on 12-8, 1951, and that death occurred at 4:15 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald H. Scott, D.O.</u>		23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>12-21-51</u>	
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24a. BURIAL-CREMATATION, REMOVAL (Specify) <u>NO BURIAL</u>		24b. DATE <u>12/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N.O.O.F. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Eaton</u>		ADDRESS <u>Sullivan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-21-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		197	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 27 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Harrison M. Eaton

Signed _____

Student Embalmer

Licensed Embalmer No. 1492

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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