

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37330

State File No. ....

NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3072 Registrar's No. 214

0972

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>1 week.</b>		d. STREET ADDRESS (If rural, give location) <b>781 South Lafayette</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Putnam Hospital</b>			

0972

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>E.</b> c. (Last) <b>Ham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 1 1952</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 13 1888</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 12 HRS. Days <b>18</b>	IF UNDER 1 MIN. Hours <b></b>	IF UNDER 1 MIN. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Feed Mill Operator-Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Slater, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Robert T. Ham</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>
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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) <b>Yes World War 1</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jane Markey-Cleveland, Ohio</b>	ADDRESS <b>Ohio</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 da</b>  <b>2 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with Embolus</b> DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION <b>X</b>	19b. MAJOR FINDINGS OF OPERATION <b>X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Marshall Mo. Saline Mo. Missouri</b>
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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 **10-20**, 19**52**, to **10-1**, 19**52** that I last saw the deceased alive on **10-01**, 19**52**, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Putnam M.D.</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>11-3-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Slater City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov 3, 1952</b>	REGISTRAR'S SIGNATURE <b>Sidney F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Surrency-Marshall, Mo.</b>	ADDRESS <b>Marshall, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1952

NOV 12 1952

**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. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.