V.S. No. 300
Rev. 10.48

Permit Release

FILED MAR 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7150

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 30

0840
1

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

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aldrich South Marion Twp.
c. LENGTH OF STAY (In this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles East of Aldrich

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aldrich South Marion Twp. 0840
d. STREET ADDRESS (If rural, give location): 4 Miles East of Aldrich

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Mae
c. (Last): Hamby

4. DATE OF DEATH (Month) (Day) (Year): Jan 24 1953

5. SEX: Female
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 22 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Polk Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Polk Campbell
13b. MOTHER'S MAIDEN NAME: Elizabeth Jones
14. NAME OF HUSBAND OR WIFE: James Roy Hamby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James Roy Hamby — ADDRESS: Aldrich Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ visited the deceased ~~from~~ Jan. 24, 1953, to ....., 19...., that I last saw the deceased ~~alive~~ on Jan. 24, 1953, and that death occurred at 3:00 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Willard B Erwin Coroner Polk Co. Mo.
23b. ADDRESS: Bolivar, Mo
23c. DATE SIGNED: 1/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 28/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Bolivar Mo

DATE REC'D BY LOCAL REG.: Feb 25. 1953
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin & Blue — ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.