

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8234

State File No. _____

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 485

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Heights		c. LENGTH OF STAY (In this place) 1 Month	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospt.		d. STREET ADDRESS (If rural, give location) 502 S West	

3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) E c. (Last) Hamby			4. DATE OF DEATH (Month) (Day) (Year) 2 2 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/1/97	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Days 6 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and State or Foreign Country) Ky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Robert Lee Hamby	13b. MOTHER'S MAIDEN NAME Myrtle Lorena Sassen	14. NAME OF HUSBAND OR WIFE Edna Hamby
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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 Edna Hamby	ADDRESS Sikeston, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5411			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan, 1953, to Feb, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 8.15 Pm., from the causes and on the date stated above.

23a. SIGNATURE J. W. [Signature]	(Degree or title) 0	23b. ADDRESS 4161 [Address]	23c. DATE SIGNED Feb 10, 1953
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24a. NAME OF CEMETERY OR CREMATORY City Cemetery	24b. DATE 2/5/53	24c. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG. 2-10-53	REGISTRAR'S SIGNATURE Herbert R. Donke	MUNICIPAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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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

L. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.