

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20404

State File No.

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 307 Registrar's No. 14

971
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater,</u> <u>0971</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 N. Porter</u>		d. STREET ADDRESS (If rural, give location) <u>133 N. Porter</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane,</u> c. (Last) <u>Hamon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 6, 1953</u>		
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5. SEX <u>3</u> Fe.		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>July 6, 1883</u>		9. AGE (In years last birthday) <u>80,</u> Months <u>10</u> Days		10. IF UNDER 1 YEAR Days		10. IF UNDER 24 HRS. Hours		10. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME <u>Jeff Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Melsia Thomas</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Salis White, Slater, Missouri</u>			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>29m.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Went to dental hospital 4 days</u> DUE TO (c) <u>Arteriosclerosis</u> 10 yrs? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
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22. I hereby certify that I attended the deceased from May 1, 1953, to May 6, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Leary, M.D.</u> (Degree or title)		23b. ADDRESS <u>Slater, Missouri</u>		23c. DATE SIGNED <u>5-8-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5/11/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Green, Marshall, Mo.</u>	
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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

George H. [Signature]

Licensed Embalmer No. 4220

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.