

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12556**

FILED MAY 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY OR TOWN <b>Aurora</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>23 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>614 So. Lincoln</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>614 So. Lincoln</b>			

3. NAME OF DECEASED (Type or Print) <b>RESERVED - William Raymond Ham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May - 7 - 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 20, 1898</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto industry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Verona, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William J. Ham</b>	13b. MOTHER'S MAIDEN NAME <b>Flora Talbert</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Esther Hoevels Ham</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>495-01-8620</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Esther Ham Aurora, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot left chest</b>		
	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.		<b>E9190 19</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>See 21-F</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage at home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Aurora, Lawrence, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 7, 1954 7:30am</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>Gun shot of undetermined origin</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Fossett</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Mt. Vernon, Missouri</b>	23c. DATE SIGNED <b>May 8, '54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/9/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Aurora, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-8-54</b>	REGISTRAR'S SIGNATURE <b>Dr. Mc Natt</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILLIAM WOOD FUNERAL HOME, AURORA, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

055

can be used

JUN 10 1954

JUN 8 1954

JUN 10 1954

JUL 13 1954

AUG 16 1955

JUN 10 1954

JUN 7 1954

JUN 7 1955

MAY 2 1955

JUN 3 1954

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed James D. Crafton  
Licensed Embalmer No. 46

P. O. Address Aurore

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.