S. No. 300
v. 10-48

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36412

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 190

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico Mo
c. LENGTH OF STAY (in this place): 9 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City Mo
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): H.
c. (Last): Ham

4. DATE OF DEATH (Month) (Day) (Year): II-I3-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 30 th I88
9. AGE (In years last birthday): I-73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Line
11. BIRTHPLACE (State or foreign country): Montgomery City Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hardin Ham
13b. MOTHER'S MAIDEN NAME: Elizabeth Mc Clure
14. NAME OF HUSBAND OR WIFE: Single

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.: 497-09-9352
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Family Bible Record--Montgomery 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis with Cardiac failure	8 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiac Renal Disease	?
DUE TO (c)	Chronic interstitial Nephritis	?
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the de[illegible] not related to the disease or conditio[illegible] death.	None	

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPE[illegible]: X
5.92 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* 11-5, 1954, *to* 11-13, 1954, *that I last saw the deceased alive on* 11-13, 1954, *and that death occurred at* 10 33 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry F. O'Brien M.D.
23b. ADDRESS: Mexico Missouri
23c. DATE SIGNED: 11-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: II-I5-54
24c. NAME OF CEMETERY OR CREMATORY: Montgomery CITY
24d. LOCATION (City, town, or county) (State): Montgomery City MO

DATE REC'D BY LOCAL REG.: Nov 16 1954
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [illegible] MONTGOMERY CITY 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, ~~XXX~~ on the I day of Nov 1954, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.