

FILED JAN 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 40304

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5172 Registrar's No. 354

1. PLACE OF DEATH
a. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shamrock Twn

c. LENGTH OF STAY (in this place) 8 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Callaway

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shamrock Twn

d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Elton b. (Middle) B. c. (Last) Ham

4. DATE OF DEATH (Month) (Day) (Year) 12-25-54

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec 5 th 1893 9. AGE (In years last birthday) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Montgomery County Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Ham 13b. MOTHER'S MAIDEN NAME Hattie Moore 14. NAME OF HUSBAND OR WIFE Leona Ham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War # I

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs Leona Ham ADDRESS Bachelor Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES Paralysis Aetium

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.

INTERVAL BETWEEN ONSET AND DEATH 5 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 350X

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 the deceased from 479, 1948, to Dec. 25, 1954, that I last saw the deceased alive on Dec. 24, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. N. England (Degree or title) _____ 23b. ADDRESS _____ 23c. DATE SIGNED 12/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-28-54 24c. NAME OF CEMETERY OR CREMATORY MONTGOMERY CITY CEM 24d. LOCATION (City, town, or county) MONTGOMERY CITY MO (State) MO

DATE REC'D BY LOCAL REG. Dec. 28-1954 REGISTRAR'S SIGNATURE Muretta Lawrence 4260 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1954

DEC 20 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 XX on the 25 th day of Dec 1954

.....
working under my personal supervision.

Student Embalmer No.
C. W. Hopkins

Student
Student Embalmer

Signed C. W. Hopkins

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.