

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1955

State File No. 19649

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 278 | | PRIMARY REG. DIST. NO. 3054 | | Registrar's No. 63 | |
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Bowling Green</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0828</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HAMM</u> b. (Middle) <u>4th</u> c. (Last) <u>BAILEY</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1955</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct. - 1893</u> | |
| 9. AGE (In years last birthday) <u>51</u> | | 10. MONTHS <u>8</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 13a. FATHER'S NAME <u>Isaac Douglas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Peggy Webb</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Lewis Ball</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 15. SOCIAL SECURITY NO. <u>none</u> | | 16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Pearl Bowling</u> | |
| 17. ADDRESS <u>Bowling Green</u> | | 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) <u>Uremia</u> ANTECEDENT CAUSES <u>Nephrosia</u> Morbidity 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. <u>5190</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>6 months</u> | | | |
| 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) _____ | | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, other building, 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 <u>3-30, 1955</u> to <u>6-17, 1955</u> , that I last saw the deceased alive on <u>6-17, 1955</u> , and that death occurred at <u>2:05 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. H. Lemmle M.D.</u> | | 23b. ADDRESS <u>Louisiana, Mo.</u> | | 23c. DATE SIGNED <u>6-20-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>June 21/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORIUM <u>Bowling Green</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Bernice Collier</u> | | 24f. ADDRESS <u>Grace Bankhead Bowling Green</u> | | | |
| DATE REC'D BY LOCAL REG <u>6/22/1955</u> | | REGISTRAR'S SIGNATURE <u>Bernice Collier</u> | | FUNDING DIRECTOR'S SIGNATURE <u>Grace Bankhead Bowling Green</u> | | | |

(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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Harold Kinsman

Licensed Embalmer No. *43*

P. O. Address *Baltimore*
md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.