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FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Union</b> )		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>Hugo</b>	c. (Last) <b>Hambee</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>7 19 1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2/21/1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Resort Owner Ret.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Resort</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Edward Hambee</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Hambee</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Edwin Hambee, 4349 Lee, St. Louis, Mo.</b>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wound - left chest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pulaski - Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-19-55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self inflicted</b>
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22. I hereby certify that I attended the deceased from **May**, 19**55**, to **July**, 19**55**, that I last saw the deceased alive on **7-July**, 19**55**, and that death occurred **5:00P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. C. Hughes m.l.</b> (Degree or title)	23b. ADDRESS <b>Merion - Mo.</b>	23c. DATE SIGNED <b>23 July - 55</b> (State)
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/21/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dixon Cemetery</b>	24d. LOCATION (City, town, or county) <b>Dixon, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-22-55</b>	REGISTRAR'S SIGNATURE <b>Carla G. Anderson 4587</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert, Dixon, Missouri</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-22-55  
Pulaski County Health Officer  
File Number  
Date Filed: 7-23-55

SEP 5 1955

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 Jelly 19-1955, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Fred O. Gillen

Licensed Embalmer No. 23

P. O. Address Dixon, Miss

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