

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

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5390**

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 3127 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 3 WEEKS		d. STREET ADDRESS (If rural, give location) 1630 MOFFET AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL			

3. NAME OF DECEASED (Type of Print) a. (First) LOUELLA		b. (Middle)		c. (Last) HAMM		4. DATE OF DEATH (Month) (Day) (Year) FEB. 8, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 11, 1892		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) CARL JUNCTION, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE JOHN J. HAMM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN J. HAMM, 1630 MOFFET AVE.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Myocardosis		DUE TO (b) Hypertensive Disease		1 Mo.	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		12 Yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Nephritis		6 Mo.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 Nov. 1, 1955, to Feb. 8, 1956, that I last saw the deceased alive on Feb. 8, 1956, and that death occurred at 5:55 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Steve Parker</i>		(Degree or title)		23b. ADDRESS 530 1/2 Main St., Joplin, Mo.		23c. DATE SIGNED 2-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-11-56		24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	

DATE REC'D BY LOCAL REG. 2-13-56		REGISTRAR'S SIGNATURE <i>Dove-Merriman</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
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RECEIVED FEB 20 1956
Jasper County Health Office

County File Number 818-2-156
Date Filed FEB 20 1956

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.