

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5399**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4246** Registrar's No. **31**

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) OR TOWN **CARL JUNCTION**

c. LENGTH OF STAY (in this place) **39 yrs.**

c. CITY OR TOWN **CARL JUNCTION**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION. **205 E. PENNELL ST.**

e. STREET ADDRESS (If rural, give location) **205 E. PENNELL ST.**

3. NAME OF DECEASED  
a. (First) **LLEWELLA** b. (Middle) **HAMBY** c. (Last) **HAMBY**

4. DATE OF DEATH (Month) (Day) (Year) **2-20-1956**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **12-2-1891**

9. AGE (In years last birthday) **64**  
IF UNDER 1 YEAR: Months **2** Days **18** IF UNDER 10 SECS.: Hours  Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **Galena, Ks., R. 4.**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Luke Lea**

13b. MOTHER'S MAIDEN NAME **Miranda Holland**

14. NAME OF HUSBAND OR WIFE **Earl R. Hamby**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Geneva Garrison, Carl Junction, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerotic Ht. disease to 1st degree D.V. block**  
ANTECEDENT CAUSES  
DUE TO (b) **Atherosclerosis**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertension**

INTERVAL BETWEEN ONSET AND DEATH  
**Unknown**  
**Several yrs.**  
**Unknown**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4200**

20. AUTOPSY? YES  NO

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) m.

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 **10/18**, 19**55**, to **2/20**, 19**56** that I last saw the deceased alive on **2/14**, 19**56** and that death occurred at **7** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **H. K. Wierman M.D.**

23b. ADDRESS **717 Francis Blvd. Joplin Mo.**

23c. DATE SIGNED **2/21/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2-22-1956**

24c. NAME OF CEMETERY OR CREMATORY **Carl Junction Cemetery**

24d. LOCATION (City, town, or county) (State) **Carl Junction, Missouri**

DATE REC'D BY LOCAL REG. **2-22-56**

REGISTRAR'S SIGNATURE **474 Mrs. Madeline Switzer**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Don Sawyer, Carl Jct., Mo.**

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

RECEIVED FEB 27 1956  
Jasper County Health Office

County File Number 56-2-173  
Date Filed FEB 27 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Linn  
Licensed Embalmer No. 446

P. O. Address Went 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.