

FILED FEB 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 98

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Middletown	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 Dead on arrival at Audrain County Hospital		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Connie	b. (Middle) Ferne	c. (Last) Ham	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 13, 1943	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City or State or Foreign Country) Audrain County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Forrest Ham	13b. MOTHER'S MAIDEN NAME Louis F. Thomas	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Forrest Ham	ADDRESS Wellsville Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture		immediate
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumothorax		immediate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Rd. 22	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wellsville Montgomery Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 26 57 6:30 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile collision
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22. I hereby certify that I attended the deceased from **noon**, 19**57**, to _____, 19____, that I last saw the deceased **alive** on **1-26**, 19**57**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE William J. Dancy, M.D.	23b. ADDRESS 112 N. Clark Street, Wellsville Mo	23c. DATE SIGNED 1/27/57
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24a. BURIAL, CREMATION (Specify)	24b. DATE 1/29/57	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cem.	24d. LOCATION (City, town or county) (State) Wellsville Mo
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DATE REC'D BY LOCAL REG. Jan 27-1957	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE F. B. Holt	ADDRESS Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Alvo Arnold*.....

Licensed Embalmer No... 356

P. O. Address *Muskegon*

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.