

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1929

BIRTH NO. 8037-57 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 15 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		590
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe hospital			d. STREET ADDRESS (If rural, give location) XXX 0		
3. NAME OF DECEASED (Type or Print) a. (First) Cinthia b. (Middle) Ann c. (Last) Ham			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1957		
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 18, 1957		9. AGE (In years last birthday) 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herbert Ham		13b. MOTHER'S MAIDEN NAME Nancy McDaniel		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Ham, Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Congenital defects ① Large Diaphragmatic hernia ② Spina bifida with anterior meningocele 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7593			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 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 1/18, 1957, to 1/19, 1957, that I last saw the deceased alive on 12:05 AM, 1/19/57, and that death occurred at 7:10 AM, from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) William L. Fair, M.D.			23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 1/19/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 19, 1957	24c. NAME OF CEMETERY OR CREMATORY Edgewood cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.		
DATE RECD BY LOCAL REG. Jan. 19, 1957	REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon, Chillicothe, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

Richard K. Bandall

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe, 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 this body is not embalmed, fact should be so stated above.