. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 22 1957

XC-606 22 56

REG.# 14134

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16318

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes X No ☐	c. CITY OR TOWN POPLAR BLUFF 0124 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM.HOSP. — Length of stay in 1b 9 YEARS	d. STREET ADDRESS (If outside, give location) 903 TAFT STREET. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First MURIEL — Middle AFATE — Last HAMES

4. DATE OF DEATH: Month MAY Day 5, Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-9-12

9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: BOILER FOREMAN

11. BIRTHPLACE (City and state or country): LEE COUNTY, ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES HAMES

14. MOTHER'S MAIDEN NAME: AMELIA COMPOSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT — Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARCINOMA OF UNKNOWN ORIGIN WITH MULTIPLE METASTASES.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 1999

19. WAS AUTOPSY PERFORMED? YES X NO ☐ YES

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. VA attended the deceased from Dec. 31, 1956, to May 5, 1957 ~~[illegible]~~

Death occurred at 9:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. D. Baskett (Degree or title) M.D.

E. D. BASKETT, M.D., Chief, Medical Svc.

22b. ADDRESS: VA HOSP., POPLAR BLUFF, MO.

22c. DATE SIGNED: 5-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-9-57

23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.: 5/13/57

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

489

RECEIVED
MAY 20 1967
BUTLER CO. HEALTH CENTER
FILE No._____

MAY 28 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Frank M. Hill

Licensed Embalmer No. 500

P. O. Address Poplar Bluff

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