

Health,  
Welfare  
Public  
Service

300  
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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 018081  
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1011 Walker</b>			Length of stay in lb <b>3 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1011 Walker</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Wade</b> Middle <b>Hanna</b> Last <b>Hamra</b>				4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1-15-1886</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>78</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- Dry Goods</b>		11. BIRTHPLACE (City and state or country) <b>Syria, Lebanon</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Hanna Hamra</b>				14. MOTHER'S MAIDEN NAME <b>Sadie Jeborrah</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT <b>Maxine Hamra</b> Address <b>Caruthersville, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery occlusion</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Renal disease - albuminuria</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1955 to May 75</b> <b>1957</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1955</b> to <b>May 75<sup>th</sup></b> and last saw <sup>him</sup> <b>him</b> alive on <b>May 75<sup>th</sup>, 57</b> Death occurred at <b>7:00 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Woodrow McDonald Lamb, MD</b>				22b. ADDRESS <b>400 Carleton Caruthersville, MO</b>		22c. DATE SIGNED <b>6/3/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-27-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>		23d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>		
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Wardell, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>June 5, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Heinie B. Wilks</b>	

(Licensed Embelmer's Statement on Reverse Side)

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0

6-144-57

JUN 10, 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James A. Dobson*

Licensed Embalmer No. 418

P. O. Address Wardell,

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