

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

State File No. **20248**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5144** Registrar's No. **430**

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, write RURAL and give township) OR TOWN Rombauer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rombauer	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Melvin c. (Last) Ham			4. DATE OF DEATH (Month) (Day) (Year) June 26, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 5, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Rombauer, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. B. Ham	13b. MOTHER'S MAIDEN NAME America Stroud	14. NAME OF HUSBAND OR WIFE Melvina Ham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X X X X X X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvina Ham Rombauer, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 1 year years year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pulmonary Emphysema			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? 2 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, office 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 **11 Jan., 1956**, to **June, 1957**, that I last saw the deceased alive on **17 July 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman E. Willis MD	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 2 July 57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-27-57	24c. NAME OF CEMETERY OR CREMATORY Rombauer cemetery
DATE REC'D BY LOCAL REG. 7/6/57		24d. LOCATION (City, town, or county) (State) Rombauer, Mo.
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.

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

(If used, Embalmer's Statement on Reverse Side)

RECEIVED

JUL 8 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Marshall Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.