

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35314

STATE FILE NUMBER

FILED NOV 14 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 148

S. 300
ev. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KENNETT</u>
c. FULL NAME OF (If NOT in hospital, hospice, or institution) <u>Memorial at Kennett, Mo.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>in town no street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ROWLIN</u> Last <u>HAMM</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>15</u> Year <u>57</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and state or country) <u>CLARKTON, Mo.</u>
13a. FATHER'S NAME <u>Odda Hamm</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Stricklin</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Odda Hamm Kennett, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>undeveloped premature Faramon Cvale failed to close</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal, disease condition given in PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>7543</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>Sept 15th.</u> to <u>Sept. 15/57</u> and last saw ^{her} alive on <u>sept/57</u> Death occurred at <u>1:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>GIDEON MO.</u>	
22c. DATE SIGNED <u>Oct 24/57</u>			
23a. BURIAL, CREMATION, or other disposal (Specify) <u>BURIAL</u>		23b. DATE <u>Sept 16/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>
23d. LOCATION (City, town, or county) <u>Clarkton Mo.</u>		(State)	
24. FUNERAL DIRECTOR FAMILY <u>Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-1957</u>	26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-12-5.....

COUNTY FILE NUMBER 1157-.....

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

Licensed Embalmer No.....

P. O. Address.....

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.