Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036404

STATE FILE NUMBER 4681

FILED OCT 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY ~~Saint Lukes Hospital~~ Jackson Co
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City, Missouri — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Saint Luke's — Length of stay in lb 12 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY MIAMI
c. CITY OR TOWN Paola — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 304 Pia. Kishaw — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ~~Hamm~~, Middle Wilda, Last May Hamm

4. DATE OF DEATH Month Oct. Day 2, Year 1958

5. SEX Female

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒

8. DATE OF BIRTH 11-22-1913

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) Auditor

10b. KIND OF BUSINESS OR INDUSTRY Mfg. Co.

11. BIRTHPLACE (City and state or country) Richmond, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. V. Taylor

13b. MOTHER'S MAIDEN NAME Edna May Berry

14. NAME OF HUSBAND OR WIFE divorced

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

16. SOCIAL SECURITY NO. 514-09-0086

17. INFORMANT Edna May Berry Address Herrington, Ks.

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory arrest	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral contusion and laceration	12 days
DUE TO (c)	Head injury + Fractured skull	12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5.9006 45

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Felldown stairs + remained unconcious since 1.23

20c. TIME OF INJURY Hour a.m. 1 Month, Day, Year Sept 20 1958

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.) restaurant

20f. CITY, TOWN, OR LOCATION Kansas City, COUNTY Jackson, STATE Mo.

21. I attended the deceased from 20 Sept 1958, to 2 Oct 1958 and last saw her alive on 2 Oct. 1958. Death occurred at 10:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred D. Fowler, MD.

22b. ADDRESS 4706 Broadway, Kansas City 12 Mo.

22c. DATE SIGNED 2 Oct. 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-2-1958

23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery

23d. LOCATION (City, town, or county) Herrington, Kansas (State)

24. FUNERAL DIRECTOR E. Paul Amos ADDRESS Shawnee, Kansas

25. DATE RECD. BY LOCAL REG. 10-4-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Fred D. Fowler

wl 1,1150

8A

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 E. Paul Amos
E. Paul Amos
Licensed Embalmer No. 4385
P. O. Address Shawnee, Kansas

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.