

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001655

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Raytown</i>		c. CITY OR TOWN <i>Raytown</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>5709 Ash</i>		d. STREET ADDRESS (If outside, give location) <i>5709 Ash</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Laura Louise Ham</i>		4. DATE OF DEATH Month Day Year <i>Jan 17 1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 17, 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Roll Missouri</i>
13a. FATHER'S NAME <i>John Stockton</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Thompson</i>	14. NAME OF HUSBAND OR WIFE <i>Ernest Ham</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Name <i>Arthur Ham</i> Address <i>5713 Ash, Raytown, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Endocarditis chronica</i> DUE TO (b) <i>Senility</i> 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)			INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i> <i>5 yrs.</i>
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 <i>Jan 1954</i> to <i>Jan 17, 1959</i> and last saw her alive on <i>Jan 7, 1959</i> Death occurred at <i>1:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of decedent or title) <i>Calvin P. ...</i>		22b. ADDRESS <i>2307 Bryant Bldg K.C. Mo.</i>	
22c. DATE SIGNED <i>Jan 20, 1959</i>		23. NAME OF CEMETERY OR CREMATORY <i>Brooking Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Jan 14, 1959</i>	
24. FUNERAL DIRECTOR <i>Clark Hegert, Raytown, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-18-59</i>	
26. REGISTRAR'S SIGNATURE <i>James ...</i>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clark Beget*

Licensed Embalmer No. *3983*
P. O. Address *Raytown, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.