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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004437
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 15 Primary Registration District No. 5078 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Barton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Northfork Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Jasper, 0060 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7 miles N.W.Jasper — Length of stay in 1b 50 yrs	d. STREET ADDRESS (If outside, give location) 7 Miles N.W.Jasper — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Charles	Middle: (n)	Last: Hamm	4. DATE OF DEATH Month Day Year: Feb. 6, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug 9, 1901	9. AGE (In years last birthday): 57 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (City and state or country): Macon Co., Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Michael Hamm		14. MOTHER'S MAIDEN NAME: Mary Buckingham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 497-38-1889	17. INFORMANT Address: Mrs. Sadie Hamm, Jasper, Mo. R#3		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 WORK ☐ NOT WHILE AT WORK ☐

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 1940, to 2-6-59 and last saw her/him alive on 2-6-59
Death occurred at 3:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DV	22b. ADDRESS: Wolf City Mo	22c. DATE SIGNED: 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 9, 1959	23c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery	23d. LOCATION (City, town, or county) (State): Jasper County, Mo.
24. FUNERAL DIRECTOR ADDRESS: Martin Selvey, Jasper, Mo.	25. DATE RECD. BY LOCAL REG.: FEB 13 '59	26. REGISTRAR'S SIGNATURE: Marie Konantz	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George W. Newcom

Licensed Embalmer No. 46

P. O. Address Jackson

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.