URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-005869

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 183

ENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2250 E. Grand
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Roy Last Hamby

4. DATE OF DEATH Month February Day 12 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-7-1886
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Aldrich, Missouri
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Alonzo Hamby
13b. MOTHER'S MAIDEN NAME Anna Blair
14. NAME OF HUSBAND OR WIFE Ada Hamby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 493-14-4420
17. INFORMANT Address Mrs. Ada Hamby, Springfield, Mo.

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) Bronchogenic carcinoma with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 1/28/59, to 2/12/60 and last saw him alive on 2/12/60
Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Polk, MD (Degree or title)
22b. ADDRESS 604 Med. Arts Bldg. Springfield Missouri
22c. DATE SIGNED 2/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-14-1960
23c. NAME OF CEMETERY OR CREMATORY Shady Grove Cemetery
23d. LOCATION (City, town, or county) (State) Near Aldrich, Missouri

24. FUNERAL DIRECTOR Rex Rainey, ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-16-60
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.