

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 41

-62-019920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural---Union Twp.</u>		Length of stay in lb _____	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10408 East 26th</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Earl</u> Last <u>Hamm</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/27/23</u>
9. AGE (last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Process Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Vendo Co.</u>	11. BIRTHPLACE (City and state or country) <u>Bedalia, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William H. Hamm</u>	
13b. MOTHER'S MAIDEN NAME <u>Vera J. Driskell</u>		14. NAME OF HUSBAND OR WIFE <u>Susan Hamm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>W.W. 2</u>	17. INFORMANT <u>Derral Kinder</u> Address <u>2422 Drury</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries</u> DUE TO (b) <u>from plane crash</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH _____
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Crash of Continental Flight 11</u>	
20c. TIME OF INJURY Hour <u>9:45 p.m.</u> a.m. _____ p.m. _____	Month, Day, Year <u>5-22-62</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	20f. CITY, TOWN, OR LOCATION <u>Union Twp.</u> COUNTY <u>Putnam</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles L. Johnson</u> (Degree or title) _____		22b. ADDRESS <u>Unionville, Missouri</u>	22c. DATE SIGNED <u>5/24/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>5-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W. J. Rural Hills</u>	23d. LOCATION (City, town, or county) <u>Independence, Mo.</u>
24. FUNERAL DIRECTOR <u>Joseph J. Johnson</u> ADDRESS <u>Centerville</u>	25. DATE RECD. BY LOCAL REG. <u>5-24-62</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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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

Wm K Jackson

Licensed Embalmer No. *3954*

P. O. Address *Keokuk, Iowa*

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.