

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022128

FILED VS JUN 15 1960

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton Mo		Length of stay in 1b 3 mo	c. CITY OR TOWN Montgomery City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS none (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lona Middle M. Last Ham			4. DATE OF DEATH Month June Day 2nd Year 1960	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-85	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Big Springs Mo	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME Milo Hart	13b. MOTHER'S MAIDEN NAME Katherine Nunelly	14. NAME OF HUSBAND OR WIFE Carter L. Ham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 489-16-3966	17. INFORMANT Carter L. Ham Address Montgomery City Mo
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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) Coronary Occlusion, acute		10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Diabetes, Mellitus	unknown
	DUE TO (c) Cerebral Arteriosclerosis	"

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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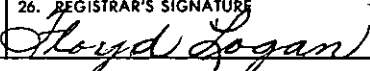
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **March 28, 1960** to **June 2, 1960** and last saw **her** alive on **June 2, 1960**
Death occurred at **7:45 D. ST Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  (Degree or title)	22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 6/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-4-60	23c. NAME OF CEMETERY OR CREMATORIA Montgomery City	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
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24. FUNERAL DIRECTOR Curtis ADDRESS Montgomery City Mo	25. DATE RECD. BY LOCAL REG. June 9, 1960	26. REGISTRAR'S SIGNATURE 
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by on the 2nd day of June 1960, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. I487

Montgomery City Mo
P. O. Address

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.