MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-025552

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

1 0940
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 253 STATE FILE NUMBER

FILED JUN 26 1963

1. PLACE OF DEATH
a. COUNTY: St Francios
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Near Farmington Mo. RURAL
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Thomas Dell Nursing Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St Francios
c. CITY OR TOWN: Knob Lick, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If cutside, give location): Rural Route
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Dora Middle: Mae Last: Hamm

4. DATE OF DEATH: Month: June Day: 15 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/30/1882

9. AGE (last birthday): 80
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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Douglass

13b. MOTHER'S MAIDEN NAME: Sarah Jane Sherts

14. NAME OF HUSBAND OR WIFE: John Hamm

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.

17. INFORMANT Address: Mrs. Wray McGinnis Knob Lick, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Inanition - debilitation — INTERVAL BETWEEN ONSET AND DEATH: sev. mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prolonged Recumbency — sev. mo.
DUE TO (c): DIABETES MELLITUS — many yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURED HIP MAY 1962

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 1954 to 6-15-1963 and last saw her/him alive on 6-15-63.
Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M Gardner MD

22b. ADDRESS: Farmington Mo.

22c. DATE SIGNED: 6-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/18/1963

23c. NAME OF CEMETERY OR CREMATORY: Knob Lick Cemetery

23d. LOCATION (City, town, or county) (State): Knob Lick, Mo.

24. FUNERAL DIRECTOR ADDRESS: C.H. Cozean Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: June 17, 1963

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(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 embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed A H Cozean

Signature of Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington 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.