

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44-363

State File No.

DEC 30 1952

REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Breton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Breton</u>	
c. LENGTH OF STAY (In this place) <u>30 yr.</u>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, Mineral Point</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Mineral Point</u>	
3. NAME OF DECEASED a. (First) <u>EFFIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>HAMBEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-7-1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April-8, 1894</u>
9. AGE (In years) (last birthday) <u>58</u>		10. MONTHS <u>7</u> DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charley Starkey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Doby</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee Hambey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lee Hambey</u>		ADDRESS <u>Mineral Point, Mo Rt #1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following sputum</u> DUE TO (c) <u>gangrene from thick arteries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/10</u> , 19 <u>52</u> , to <u>12/7</u> , 19 <u>52</u> that I last saw the deceased alive on <u>22/7</u> , 19 <u>52</u> and that death occurred at <u>7:35P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Signature or title) <u>[Signature]</u>		23b. ADDRESS <u>Potosi, Missouri</u>	
23c. DATE SIGNED <u>12/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-10-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/10/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sparks F. Home Flat River, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1961

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
Student Embalmer

Signed Murphy Chambers

Licensed Embalmer No. 4236

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.