No. 300
10.48

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15907

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2065

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. E. Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 210 East College Street

3. NAME OF DECEASED (Type or Print)
a. (First): Kathryn
b. (Middle): (None)
c. (Last): Hammontree

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 4, 1884
9. AGE (In years last birthday): 70 — If under 1 year: Months 3, Days –; If under 24 hrs.: 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: Home
11. BIRTHPLACE (City and State or Foreign Country): Panova, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bonaparte Hunt
13b. MOTHER'S MAIDEN NAME: Margaret Brown
14. NAME OF HUSBAND OR WIFE: Mr. John D. Hammontree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John D. Hammontree- 210 E. College, Indep., Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — 10 yrs.
DUE TO (c) Peripheral Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 420

19a. DATE OF OPERATION: 4-29-54
19b. MAJOR FINDINGS OF OPERATION: Fixation Hip Smith Peterson Pin
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 4-27-54
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Independence Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~May 4th 1954~~ 4-27-54
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on Floor - Home

22. I hereby certify that I attended the deceased from ~~May 4th, 1954~~ 4-27-54, to 5-4-, 1954, that I last saw the deceased alive on 5-4-54, 19__, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE, W. T. Hubbard (Degree or title): W. T. Hubbard D.O.
23b. ADDRESS: Independence Mo.
23c. DATE SIGNED: 5-7-54

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: 5-8-54
24c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
24d. LOCATION (City, town, or county) (State): Jackson County, Mo.

DATE REC'D BY LOCAL REG.: 5-8-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wilson L. Keplar Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wilson L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.