

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **611**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **H107** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Cedar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>El Dorado Spgs.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>El Dorado Spgs.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chamber's Ward</b>		e. STREET ADDRESS (If rural, give location) <b>West Spring St. 0201</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b> b. (Middle) <b>H.</b> c. (Last) <b>Hammond</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-18-56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-12-1894</b>		9. AGE (In years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Wm Hammond</b>		13b. MOTHER'S MAIDEN NAME <b>Margery Bowden</b>		14. NAME OF HUSBAND OR WIFE <b>Kate Hammond</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Kate Hammond</b> ADDRESS	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Branchial asthma</b>		
	DUE TO (c) <b>Bronchiectasis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 **12-27**, 19**55**, to **1-18**, 19**56**, that I last saw the deceased alive on **1-18-56**, 19**56**, and that death occurred at **4:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. L. Meyer M.D.</b>		23b. ADDRESS <b>El Dorado Springs, Mo.</b>		23c. DATE SIGNED <b>1-19-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>El Dorado Spgs.</b>	24d. LOCATION (City, town, or county) (State) <b>El Dorado Spgs., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-20-56</b>	REGISTRAR'S SIGNATURE <b>George W. Nofus</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shelvin Brothers El Dorado Spgs., Mo.</b>		

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

2051 27 1012

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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 W. Seebing*

Licensed Embalmer No..... *467*

P. O. Address..... *E. D. ...*

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.