

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36552**

FILED OCT 21 1957

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN BEDFORD		c. LENGTH OF STAY (In this place) 4/57-10		c. CITY OR TOWN 57 TOWN Elsberry		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincon Co. Memorial Hospital				e. STREET ADDRESS (If rural, give location) Rural Hurricane Township			
3. NAME OF DECEASED (Type or Print)		a. (First) Lois		b. (Middle) Elizabeth		c. (Last) Hammack	
				4. DATE OF DEATH		(Month) (Day) (Year) 10- 4 -1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH	
						9. AGE (In years) (last birthday) 76	
						IF UNDER 1 YEAR Months 10 Days 23	
						IF UNDER 6 HRS. Hours 5 Mins. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel T. Singleton		13b. MOTHER'S MAIDEN NAME Olevia A. Elsberry		14. NAME OF HUSBAND OR WIFE James E. Hammack (deceased)			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. C. Singleton Elsberry, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OVARY E WIDESPREAD METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
		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				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 175X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 April , 19 57 , to OCT. 4 , 19 57 , that I last saw the deceased alive on OCT 3 , 19 57 , and that death occurred at 12:21 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul T. Berry MD.				23b. ADDRESS Troy, Mo		23c. DATE SIGNED 10/5/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry, Lincoln Mo.	
DATE REC'D BY LOCAL REG. 5 50 OCT 15 1957		REGISTRAR'S SIGNATURE Nell-L. Schoenhein		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller Elsberry, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

