

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1893**

No. 300
-10.46-

FILED FEB 11 1958

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 12

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 Elsberry		c. CITY OR TOWN Elsberry	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 years		e. STREET ADDRESS (If rural, give location) Broadway Extension	
d. FULL NAME OF HOSPITAL OR INSTITUTION LaDelle Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Eastin	c. (Last) Hammack	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 24, 1865	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 92	IF UNDER 24 HRS. Hours 92	Min. 92
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer-ret.	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) RFD - Elsberry, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wesley W. Hammack	13b. MOTHER'S MAIDEN NAME Arti Meca Gibson	14. NAME OF HUSBAND OR WIFE (dec.) Mary M. (Gibson) Hammack
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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 Mrs. J. Omohundro	ADDRESS Elsberry, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 20, 1954** to **Jan 23, 1958**, that I last saw the deceased alive on **Jan 22, 1958**, and that death occurred at **6:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Hall M.D.	23b. ADDRESS Elsberry, Mo	23c. DATE SIGNED 1/24/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1958	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Missouri
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DATE REC'D BY LOCAL REG. 2/10/58	REGISTRAR'S SIGNATURE Mrs. Clarence Kientz	25. FUNERAL DIRECTOR'S SIGNATURE O'Garlan Ricks	ADDRESS Elsberry, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1958

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 *G. G. Elsberry*

Licensed Embalmer No. 4012

P. O. Address *Elsberry, N.*

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.