

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025648

FILED JUL 16 1959 157

Registration District No. 3028 Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 16 yrs.		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 126 Wiggins		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First FRED Middle FLOYD Last HAMMETT				4. DATE OF DEATH Month June Day 30 Year 1959									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 12, 1903		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor				10b. KIND OF BUSINESS OR INDUSTRY Real estate		11. BIRTHPLACE (City and state or country) Ladonia, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Hammett				13b. MOTHER'S MAIDEN NAME Minnie Miller				14. NAME OF HUSBAND OR WIFE Marian Hammett					
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. 490-10-4387		17. INFORMANT Carthage, Mo. Mrs. Fred Hammett, 126 Wiggins							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH immediate			
DUE TO (b) Coronary arteriosclerosis													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subacute myocardial infarction - Ventricular aneurysm										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from Jan. 29, 1959 to June 30, 1959 and last saw her/him alive on June 29, 1959 Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Fred Stultz M.D.</i>						22b. ADDRESS Carthage, Missouri			22c. DATE SIGNED 7-1-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-2-59		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery			23d. LOCATION (City, town, or county) Carthage, Mo.			(State)			
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.				25. DATE RECD. BY LOCAL REG. 7-1-59		26. REGISTRAR'S SIGNATURE <i>W. J. Clinton</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 16 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Cottage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.