

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017952

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 99

FILED MAY 22 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Pleasant Twp.</b>		Length of stay in lb <b>20 Months</b>	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Tree Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Mound Twp.</b>
3. NAME OF DECEASED (Type or print) First <b>Elza</b> Middle <b>Hammond</b> Last <b>Hammond</b>			4. DATE OF DEATH Month <b>May</b> Day <b>14</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-26-79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>82</b>
11. BIRTHPLACE (City and state or country) <b>Harris Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Aaron Hammond</b>		13b. MOTHER'S MAIDEN NAME <b>Jemima Horn</b>	
14. NAME OF HUSBAND OR WIFE <b>Nellie Elmeda Hammond</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Mrs. Joe Purdy, Butler, Mo. R.F.D.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary failure</b> DUE TO (b) <b>Complete heart block</b> DUE TO (c) <b>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) <b>None</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>None</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>1953</b> to <b>1962</b> and last saw her/him alive on <b>5-1-62</b> . Death occurred at <b>10:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or file) <b>Douglas D. Howard MD</b>		22b. ADDRESS <b>Butler, Mo</b>	
22c. DATE SIGNED <b>5-15-62</b>		22d. DATE SIGNED	
23a. MANNER OF CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-16-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Six Funeral Service, Adrian, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-15-62</b>	26. REGISTRAR'S SIGNATURE <b>Morrison Jean Wilson</b>

**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 *E. Landers*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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.