

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38548

State File No. _____

76826
FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 914

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>6201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>565 N. Grover</u>		d. STREET ADDRESS (If rural, give location) <u>565 N. Grover</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>"BABY"</u> b. (Middle) _____ c. (Last) <u>HAMMOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-53</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 24-53</u>	9. AGE (In years: last birthday) <u>10</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 10 HRS: Hours _____ Mins. _____
----------------------	-------------------------------	---	------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Novel Hammond</u>	13b. MOTHER'S MAIDEN NAME <u>James Bright</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Novel Hammond - Liberty, Mo</u>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		<u>8 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital atelectasis</u> DUE TO (c) <u>Premature Birth</u>		<u>11 hr</u> <u>10 hr</u>
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 <u>7625</u>	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) _____	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 24 Nov, 1953, to 25 Nov, 1953, that I last saw the deceased alive on 25 Nov, 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Richard F. Lee</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Liberty, Missouri</u>	22c. DATE SIGNED <u>25 Nov 53</u>
--	---------------------------------------	-----------------------------------

22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>Nov. 25-53</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	22d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov. 27, 1953</u>	REGISTRAR'S SIGNATURE <u>M. Bel. Graham</u> <u>491</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>Spencer - Archer Co. Liberty, Mo</u>	ADDRESS _____
---	--	--	---------------

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was not} ~~was~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Harold G. Smith

Licensed Embalmer No. *4575*

P. O. Address *Liberty, 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 this body is not embalmed, fact should be so stated above.