

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13142

BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 5750		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <i>Miller</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Miller</i>			
b. CITY OR TOWN <i>Callan</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Callan</i>		65	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Saline Township</i>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Denton</i>			b. (Middle) <i>Elmer</i>		c. (Last) <i>Hammond</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 10 1949</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug. 15, 1911</i>	9. AGE (In years last birthday) <i>37</i>	# UNDER 1 YEAR Months <i>7</i>	# UNDER 1 YEAR Days <i>23</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Restaurant Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Marshal, Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Denton E. Hammond</i>			13b. MOTHER'S MAIDEN NAME <i>Mattie Wickert</i>		14. NAME OF HUSBAND OR WIFE <i>Alpha B. Callan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Alpha Hammond</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide - severed radial arteries</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>in right and left arms with a</i> DUE TO (c) <i>razor blade</i>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH  <i>2977X</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>About Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Eldon Miller Missouri</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>April 10/49 1:15 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Self Inflicted</i>			
22. I hereby certify that I attended the deceased from <i>on</i> <i>April 10, 1949</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1:15 Pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter P. Nedges</i> Coroner <i>3</i>				23b. ADDRESS <i>Iberia, Missouri</i>		23c. DATE SIGNED <i>4/10/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>Apr. 14, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Callan</i>		24d. LOCATION (City, town, or county) (State) <i>Callan, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>April 12, 49</i>		REGISTRAR'S SIGNATURE <i>Blaserratta Walter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Louis D. Phillips</i>		ADDRESS <i>Callan, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed  
District File Number

District Health Officer No. 9,

RECEIVED

JUN 13 1953

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

*Louis D. Phillips*

Student Embalmer No.

314

working under my personal supervision.

*Leo G. Whitaker*

Signed

Student Embalmer

Signed

*Louis D. Phillips*

Licensed Embalmer No.

3663

P. O. Address

*Local*

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.