

FILED JUL 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20154

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5669		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hawthorn</u>		c. LENGTH OF STAY (In this place) <u>all life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		TOWN <u>Ninevah</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>HAMMOND</u>		c. (Last) <u>HAMMOND</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1949</u>									
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 8, 1903</u>			
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>18</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Hammond</u>			13b. MOTHER'S MAIDEN NAME <u>Boatie Mayberry</u>			14. NAME OF HUSBAND OR WIFE <u>Joe Hammond</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hammond</u>				ADDRESS <u>Caro Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide (by poison)</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Beck Point, Lincoln Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-26-49 1:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide (by poison)</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edna Elsie, Coroner</u>				23b. ADDRESS <u>Troy, Mo.</u>				23c. DATE SIGNED <u>6/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 30-1949</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		163		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>			
						ADDRESS <u>Troy Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—

RECEIVED JUL 6 1919
District Health Officer No. 9,
District File Number-----

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
Student Embalmer

Signed *Wayne Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address *Jay Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.